

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 156

**SUMMARY PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Farrell For CT</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	<b>Christine</b>		<b>Grochowski</b>		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
<b>7 Taylor Ln</b>		<b>Wallingford</b>	<b>CT</b>	<b>06492</b>	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
<b>11/02/2010</b>		<b>Secretary of the State</b>			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	<b>Jerry</b>		<b>Farrell</b>	<b>Jr</b>	
9. TYPE OF REPORT					
<b>April 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>01/18/2010</b>		thru		<b>03/31/2010</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>		<b>Christine Grochowski</b>		<b>04/12/2010</b>	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Farrell For CT</b>	Original 04/12/2010	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$40,575.00</b>	<b>\$40,575.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-1)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$40,575.00</b>	<b>\$40,575.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$40,575.00</b>	<b>\$40,575.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$14,800.35</b>	<b>\$14,800.35</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	<b>\$25,774.65</b>	<b>\$25,774.65</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$4,793.97</b>	<b>\$4,793.97</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$658.59</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$658.59</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name WEIMER, JR	First Name THEODORE	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0095	Amount of Contribution
Residential Street Address 43 Blakeslee Rd	City Wallingford	State CT	Zip Code 06492-5238	Date Received 01/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WEIMER	First Name ARLENE	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0096	Amount of Contribution
Residential Street Address 43 Blakeslee Rd	City Wallingford	State CT	Zip Code 06492-5238	Date Received 01/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DOHERTY	First Name LOIS	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0109	Amount of Contribution
Residential Street Address 6 Reynolds Dr	City Wallingford	State CT	Zip Code 06492	Date Received 01/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name GRECO	First Name ANN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0104	Amount of Contribution
Residential Street Address 22 Anderson Rd	City Wallingford	State CT	Zip Code 06492-5501	Date Received 01/19/2010	
Principal Occupation FLORIST	Name of Employer S & A HOLDINGS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GRECO, SR	First Name SALVATORE	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0105	Amount of Contribution
Residential Street Address 14 Laurelwood Dr	City Wallingford	State CT	Zip Code 06492-2516	Date Received 01/19/2010	
Principal Occupation FLORIST	Name of Employer S & A HOLDINGS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GRECO	First Name DONNA	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0106	Amount of Contribution
Residential Street Address 14 Laurelwood Dr	City Wallingford	State CT	Zip Code 06492-2516	Date Received 01/19/2010	
Principal Occupation RESTAURANT MANAGER	Name of Employer HOLIDAY INN	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MOORE, SR	First Name MARTIN	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0059	Amount of Contribution
Residential Street Address 930 N Farms Rd	City Wallingford	State CT	Zip Code 06492-1808	Date Received 01/19/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CORCORAN	First Name JOHN	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0254	Amount of Contribution
Residential Street Address 309 S Main St	City Wallingford	State CT	Zip Code 06942	Date Received 01/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name ENNEVER	First Name MARGARET	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0351	Amount of Contribution
Residential Street Address 225 High St	City Wallingford	State CT	Zip Code 06492	Date Received 01/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name ADINOLFI	First Name LILLIAN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0133	Amount of Contribution
Residential Street Address 235 Sorghum Mill Dr	City Cheshire	State CT	Zip Code 06410	Date Received 01/26/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ADINOLFI	First Name ALFRED	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0134	Amount of Contribution
Residential Street Address 235 Sorghum Mill Dr	City Cheshire	State CT	Zip Code 06410	Date Received 01/26/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MATTINGLY, JR	First Name JOHN	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0057	Amount of Contribution
Residential Street Address 111 Curtis St	City Meriden	State CT	Zip Code 06450	Date Received 01/28/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name KELLY	First Name KATHLEEN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0045	Amount of Contribution
Residential Street Address 247 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 01/28/2010	
Principal Occupation PRINCIPAL	Name of Employer HOLY TRINITY SCHOOL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name PUGLIESE	First Name FABIOLA	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0066	Amount of Contribution
Residential Street Address 29 Rolling Meadow Dr	City Wallingford	State CT	Zip Code 06492	Date Received 01/28/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PUGLIESE	First Name PASQUALE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0067	Amount of Contribution
Residential Street Address 29 Rolling Meadow Dr	City Wallingford	State CT	Zip Code 06492	Date Received 01/28/2010	
Principal Occupation OWNER	Name of Employer LIDO'S RESTAURANT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SENGSTOCK	First Name GENE	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0072	Amount of Contribution
Residential Street Address 41 Sonoma La	City Middletown	State CT	Zip Code 06457	Date Received 01/28/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name SYLVESTER, JR	First Name BENJAMIN	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0078	Amount of Contribution
Residential Street Address 114 Quonnapaug La	City Guilford	State CT	Zip Code 06437	Date Received 01/28/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CASSESE	First Name MARIA	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0012	Amount of Contribution
Residential Street Address 92 Bull Ave	City Wallingford	State CT	Zip Code 06492	Date Received 01/28/2010	
Principal Occupation DIRECTOR/INDEPENDENT LIVING	Name of Employer MASONICARE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name CARLINO	First Name JACKIE	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0010	Amount of Contribution
Residential Street Address 90 Reitter St	City Stratford	State CT	Zip Code 06614	Date Received 01/28/2010	
Principal Occupation PROGRAMS MGR	Name of Employer WSWC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name DARIN	First Name MARIE	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0020	Amount of Contribution
Residential Street Address 41 Sonoma Ln	City Middletown	State CT	Zip Code 06457	Date Received 01/28/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GRAY	First Name SUSAN	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0037	Amount of Contribution
Residential Street Address 53 Bishop Rd	City West Hartford	State CT	Zip Code 06119-1503	Date Received 01/28/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WHITE	First Name MARK	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0085	Amount of Contribution
Residential Street Address 41 Ashler Park Dr	City North Branford	State CT	Zip Code 06405	Date Received 01/28/2010	
Principal Occupation STATE MARSHAL	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FIONDELLA	First Name MARIS	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0088	Amount of Contribution
Residential Street Address 88 High Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 01/28/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ROCKHOLZ	First Name PETER	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0071	Amount of Contribution
Residential Street Address 4 Aramon Cir	City Brookfield	State CT	Zip Code 06804	Date Received 01/29/2010	
Principal Occupation NON PROFIT EXECUTIVE	Name of Employer NY CENTER FOR LIVING, INC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name CROWLEY	First Name EDWARD	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0019	Amount of Contribution
Residential Street Address 10 Island View Ave	City Branford	State CT	Zip Code 06405	Date Received 01/29/2010	
Principal Occupation PRESIDENT	Name of Employer DICHELLO DIST	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DORSEY	First Name LUCY	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0026	Amount of Contribution
Residential Street Address 643 Williams Rd	City Wallingford	State CT	Zip Code 06492-2636	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name CELLA	First Name RICHARD	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0013	Amount of Contribution
Residential Street Address 11 Ladshaw Dr	City Madison	State CT	Zip Code 06443	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CELLA	First Name ANNETTE	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0084	Amount of Contribution
Residential Street Address 11 Ladshaw Dr	City Madison	State CT	Zip Code 06443	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name CHRISTONI	First Name VINCENT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0015	Amount of Contribution
Residential Street Address 116 Dibble Edge Rd	City Wallingford	State CT	Zip Code 06492	Date Received 01/29/2010	
Principal Occupation	Name of Employer J.R. CHRISTONI, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name COLLETT	First Name ERIC	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0016	Amount of Contribution
Residential Street Address 170 Long Hill Rd	City Wallingford	State CT	Zip Code 06492-4934	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name COLLETT	First Name SUE	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0017	Amount of Contribution
Residential Street Address 170 Long Hill Rd	City Wallingford	State CT	Zip Code 06492-4934	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name AMBEL	First Name GEORGE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0001	Amount of Contribution
Residential Street Address 194 Quinnipiac Ave	City North Haven	State CT	Zip Code 06473	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name BUATTI	First Name HEIDI	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0006	Amount of Contribution
Residential Street Address 39 Denyelle Dr	City Rocky Hill	State CT	Zip Code 06067-1873	Date Received 01/29/2010	
Principal Occupation NUCLEAR MEDICAL TECHNICIAN	Name of Employer THE HOSPITAL OF CENTRAL CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SHORTELLE	First Name TERRENCE	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0074	Amount of Contribution
Residential Street Address 259 Long Hill Rd	City Wallingford	State CT	Zip Code 06492-4908	Date Received 01/29/2010	
Principal Occupation INSURANCE CONSULTANT	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name RIOTTE	First Name MITZIE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0069	Amount of Contribution
Residential Street Address 19 Carriage Dr	City Wallingford	State CT	Zip Code 06492	Date Received 01/29/2010	
Principal Occupation	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name MORGANTI	First Name SALVATORE	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0062	Amount of Contribution
Residential Street Address 880 N Farms Rd	City Wallingford	State CT	Zip Code 06492	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name LESLIE	First Name DENNIS	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0054	Amount of Contribution
Residential Street Address 7 Lori Ln	City Meriden	State CT	Zip Code 06450	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name MORE	First Name CHRISTINE	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0060	Amount of Contribution
Residential Street Address 2 Farm Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 01/29/2010	
Principal Occupation RN	Name of Employer VNA OF WALLINGFORD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MCBRIDE	First Name LOIS	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0058	Amount of Contribution
Residential Street Address 26 Brookvale Dr	City Wallingford	State CT	Zip Code 06492-4803	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name HOWE	First Name WARREN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0043	Amount of Contribution
Residential Street Address 33 Laurelwood Rd	City Wallingford	State CT	Zip Code 06492	Date Received 01/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name DI NATALE	First Name CATERINA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0023	Amount of Contribution
Residential Street Address 35R Catherine Dr	City Durham	State CT	Zip Code 06422	Date Received 01/29/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DI NATALE	First Name PASQUALE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0024	Amount of Contribution
Residential Street Address 35R Catherine Dr	City Durham	State CT	Zip Code 06422	Date Received 01/29/2010	
Principal Occupation	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SILBO	First Name DANIEL	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0075	Amount of Contribution
Residential Street Address 59 Apple HI	City Wethersfield	State CT	Zip Code 06109	Date Received 01/29/2010	
Principal Occupation PROGRAM COORDINATOR	Name of Employer STATE OF CT DMV	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SILBO	First Name MAURA	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0076	Amount of Contribution
Residential Street Address 59 Apple HI	City Wethersfield	State CT	Zip Code 06109	Date Received 01/29/2010	
Principal Occupation SR. ACTUARIAL CONSULTANT	Name of Employer AETNA INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name KOVACS	First Name RITA	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0270	Amount of Contribution
Residential Street Address 16 Wadsworth La	City Wallingford	State CT	Zip Code 06492	Date Received 01/29/2010	
Principal Occupation CSR/ENGLISH TUTOR	Name of Employer KOVACS INS/GATEWAY CC STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KOVACS	First Name IRMA	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0271	Amount of Contribution
Residential Street Address 411 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 01/29/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CROUCH, JR	First Name DONALD	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0132	Amount of Contribution
Residential Street Address 28 William St	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation LLC MEMBER	Name of Employer NFP SPORTS, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name TOMASSETTI	First Name DANIEL	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0079	Amount of Contribution
Residential Street Address 261 Reservoir Ave	City Meriden	State CT	Zip Code 06451	Date Received 01/30/2010	
Principal Occupation	Name of Employer CANADA DRY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name JOHNSON	First Name ROBERT	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0044	Amount of Contribution
Residential Street Address 48 Fairview Ave	City Wallingford	State CT	Zip Code 06492-4625	Date Received 01/30/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MCCARTHY-KROMBEL	First Name PAMELA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0047	Amount of Contribution
Residential Street Address 38 N Elm St	City Wallingford	State CT	Zip Code 06492-3802	Date Received 01/30/2010	
Principal Occupation SOCIAL WORKER	Name of Employer WALLINGFORD BOARD OF EDUCATION	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KROMBEL	First Name RICHARD	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0048	Amount of Contribution
Residential Street Address 38 N Elm St	City Wallingford	State CT	Zip Code 06492-3802	Date Received 01/30/2010	
Principal Occupation TECHNICAL SALES SPECIALIST	Name of Employer AT&T	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LAROCHE	First Name FLORENCE	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0053	Amount of Contribution
Residential Street Address 1222 Ashlar Vlg	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name MAKO	First Name KAREN	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0055	Amount of Contribution
Residential Street Address 3 Stegos Dr	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name MAKO	First Name ROBERT	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0056	Amount of Contribution
Residential Street Address 3 Stegos Dr	City Wallingford	State CT	Zip Code 06492-2561	Date Received 01/30/2010	
Principal Occupation CONSULTANT	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name PILLA	First Name LILLIAN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0064	Amount of Contribution
Residential Street Address 59 North St	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ROBERTS	First Name SUSAN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0070	Amount of Contribution
Residential Street Address 19 Brentwood Dr	City Wallingford	State CT	Zip Code 06492-4345	Date Received 01/30/2010	
Principal Occupation CONSULTANT	Name of Employer COURT MONITOR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name RAGAINI	First Name RAYMOND	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0068	Amount of Contribution
Residential Street Address 573 Beaver St	City Ansonia	State CT	Zip Code 06401-2051	Date Received 01/30/2010	
Principal Occupation CONSULTANT	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BASARAB	First Name HELEN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0004	Amount of Contribution
Residential Street Address 43 Brookview Ave	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name CERROTTI	First Name NANCY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0014	Amount of Contribution
Residential Street Address 22 Laurel Dr	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation	Name of Employer AETNA INSURANCE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CAGNELLO	First Name BRUCE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0009	Amount of Contribution
Residential Street Address 81 Stratton Forest Way	City Simsbury	State CT	Zip Code 06070	Date Received 01/30/2010	
Principal Occupation REALTOR	Name of Employer SELF (PRUDENTIAL)	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name GIANFREDE	First Name NORMA	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0031	Amount of Contribution
Residential Street Address 11 Bassett St Apt C2	City West Haven	State CT	Zip Code 06516	Date Received 01/30/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name GLAZEWSKI	First Name ED	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0032	Amount of Contribution
Residential Street Address 68 Grandview Ave	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation SALES	Name of Employer OLD DOMINION FREIGHT LINES	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DUKE	First Name SUZANNE	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0098	Amount of Contribution
Residential Street Address 2 4th St	City Wallingford	State CT	Zip Code 06492	Date Received 01/30/2010	
Principal Occupation PROFESSOR	Name of Employer S.C.S.U.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BRANDON	First Name MATTHEW	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0092	Amount of Contribution
Residential Street Address 542 Countryside Dr	City Naples	State FL	Zip Code 34104	Date Received 01/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name DE BARBIERI	First Name ROY	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0131	Amount of Contribution
Residential Street Address 15 Northwood Rd	City Madison	State CT	Zip Code 06443-1668	Date Received 01/31/2010	
Principal Occupation ARBITRATOR	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DICHELLO, JR	First Name JOHN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0232	Amount of Contribution
Residential Street Address 114 E Main St	City Wallingford	State CT	Zip Code 06492	Date Received 01/31/2010	
Principal Occupation GRAPHIC DESIGNER	Name of Employer DICHELLO DISTRIBUTORS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CASSELLO	First Name RICHART	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0011	Amount of Contribution
Residential Street Address 9 Cassella Dr	City Wallingford	State CT	Zip Code 06492	Date Received 01/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name DREISSEN	First Name GARY	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0027	Amount of Contribution
Residential Street Address 3 Amie Ln	City Wallingford	State CT	Zip Code 06492	Date Received 01/31/2010	
Principal Occupation ELECTRICIAN	Name of Employer DREISSEN ELECT CO INC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name DREISSEN	First Name MARIA	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0028	Amount of Contribution
Residential Street Address 3 Amie La	City Wallingford	State CT	Zip Code 06492	Date Received 01/31/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BUONGIRNO	First Name JAMES	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0008	Amount of Contribution
Residential Street Address 389 Williams Rd	City Wallingford	State CT	Zip Code 06492	Date Received 01/31/2010	
Principal Occupation REALTOR	Name of Employer CASSELLO R/E	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name NAHAS, JR	First Name WILLIAM	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0063	Amount of Contribution
Residential Street Address 29 Salem Dr	City Newington	State CT	Zip Code 06111	Date Received 01/31/2010	
Principal Occupation	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WHIPPLE	First Name LAWRENCE	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0080	Amount of Contribution
Residential Street Address 96 Fairview Ave	City Wallingford	State CT	Zip Code 06492-4642	Date Received 01/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name HABERSANG	First Name RALPH	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0040	Amount of Contribution
Residential Street Address 34 Seiter Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 01/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name DEFRANCES	First Name GUY	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0021	Amount of Contribution
Residential Street Address 47 Oxbow Dr	City Meriden	State CT	Zip Code 06450	Date Received 01/31/2010	
Principal Occupation LAWYER	Name of Employer LUBY OLSON PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FAENZA	First Name TANI	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0030	Amount of Contribution
Residential Street Address 893 Farmington Ave	City West Hartford	State CT	Zip Code 06119	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GOUVEIA	First Name MARY	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0036	Amount of Contribution
Residential Street Address 1339 Whirlwind Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation OWNER	Name of Employer GOUVEIA VINEYARDS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name HOGAN	First Name DOROTHY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0041	Amount of Contribution
Residential Street Address 251 Grieb Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HOGAN	First Name ROBERT	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0042	Amount of Contribution
Residential Street Address 251 Grieb Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KRANYAK	First Name CAROLINE	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0046	Amount of Contribution
Residential Street Address 1168 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	\$5.00
Last Name YALE	First Name JUDITH	MI I	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0081	Amount of Contribution
Residential Street Address 15 Overlook Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation DEVELOPMENT PROJECT COORDINATOR	Name of Employer UNIVERSITY OF NEW HAVEN	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name SHOOP	First Name RANDY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0073	Amount of Contribution
Residential Street Address 41 Wildwood La	City Rocky Hill	State CT	Zip Code 06067	Date Received 02/01/2010	
Principal Occupation FINANCE MANAGER	Name of Employer NORTHEAST UTILITIES	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PROPPER	First Name ROSEMARY	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0065	Amount of Contribution
Residential Street Address 5013 Ashlar Vlg	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name APPLEGATE	First Name MARY	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0003	Amount of Contribution
Residential Street Address 1 Perkins Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation TECHNOLOGY COORDINATOR	Name of Employer HOLY TRINITY SCHOOL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BUKOWSKI	First Name ELIZABETH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0007	Amount of Contribution
Residential Street Address 7 Williams Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name BRIGHT	First Name JAY	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0005	Amount of Contribution
Residential Street Address 130 Livingston St	City New Haven	State CT	Zip Code 06511-2210	Date Received 02/01/2010	
Principal Occupation ACCOUNTANT	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name CONDON	First Name JAMES	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0018	Amount of Contribution
Residential Street Address 298 Highland Ave	City Wallingford	State CT	Zip Code 06492-2538	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ENNIS	First Name BRIAN	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0029	Amount of Contribution
Residential Street Address 10 Wojtasik Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation PROPERTY MANAGER/BROKER	Name of Employer QUALITYR REALTY, LLL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GROCHOWSKI	First Name ARLENE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0038	Amount of Contribution
Residential Street Address 1 Farm Brook Ln	City Vernon	State CT	Zip Code 06066	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GROCHOWSKI	First Name TERRENCE	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0039	Amount of Contribution
Residential Street Address 1 Farm Brook Ln	City Vernon	State CT	Zip Code 06066	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DIMARIA	First Name FRED	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0022	Amount of Contribution
Residential Street Address 3 Winslow Rd	City Newtown	State CT	Zip Code 06470	Date Received 02/01/2010	
Principal Occupation ACCOUNTANT	Name of Employer BASSETT FURNITURE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DISTASIO	First Name ELLA	MI O	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0025	Amount of Contribution
Residential Street Address 142 N Orchard St	City Wallingford	State CT	Zip Code 06492	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name KOVAL	First Name GARY	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0100	Amount of Contribution
Residential Street Address 31 Sleepy Hollow Rd	City Columbia	State CT	Zip Code 06237-1324	Date Received 02/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name SOMMA	First Name STEPHEN	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0110	Amount of Contribution
Residential Street Address 81 Kimberly La	City Watertown	State CT	Zip Code 06795	Date Received 02/01/2010	
Principal Occupation LIQUOR CONTROL COMMISSIONER	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MULCAHY	First Name NANCY	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0371	Amount of Contribution
Residential Street Address 83 Old Musket Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 02/01/2010	
Principal Occupation SECRETARY	Name of Employer IRS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name PETLAK	First Name JACQUELINE	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0112	Amount of Contribution
Residential Street Address 3 Lincoln Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name O'CONNOR	First Name SEAN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0089	Amount of Contribution
Residential Street Address 88 High Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name HALL	First Name JEFFREY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0087	Amount of Contribution
Residential Street Address 125 Colonial Hill Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BEACH	First Name GUY	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0108	Amount of Contribution
Residential Street Address 61 Cheshire Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name LASPINA	First Name MARY LOU	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0255	Amount of Contribution
Residential Street Address 43 Wilshire Rd	City Madison	State CT	Zip Code 06443	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name CARMODY	First Name FLORENCE	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0201	Amount of Contribution
Residential Street Address 65 B Masonic Ave # 134	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GOODMASTER	First Name EDITH	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0033	Amount of Contribution	
Residential Street Address 29 Towne House Rd	City Hamden	State CT	Zip Code 06514	Date Received 02/02/2010		
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name GOODRICH	First Name BEVERLY	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0034	Amount of Contribution	
Residential Street Address 69 Wig Hill Rd	City Chester	State CT	Zip Code 06412-1111	Date Received 02/02/2010		
Principal Occupation INSURANCE BROKER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name KRONEN	First Name JOSEPH	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0049	Amount of Contribution	
Residential Street Address 56 Farnham Dr	City East Hartford	State CT	Zip Code 06118	Date Received 02/02/2010		
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name LADEN	First Name JACLIN	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0050	Amount of Contribution	
Residential Street Address 28 Fairview Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010		
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**I. MONETARY RECEIPTS (Section A-I)**

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Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name LADEN	First Name ROSEMARY	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0052	Amount of Contribution
Residential Street Address 28 Fairview Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LADEN, JR	First Name JAMES	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0051	Amount of Contribution
Residential Street Address 28 Fairview Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GOUVEIA	First Name JOSEPH	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0035	Amount of Contribution
Residential Street Address 1339 Whirlwind Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/02/2010	
Principal Occupation WINE MAKER	Name of Employer GOUVEIA VINEYARDS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KOVAL	First Name JOSEPHINE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0099	Amount of Contribution
Residential Street Address 31 Sleepy Hollow Rd	City Columbia	State CT	Zip Code 06237	Date Received 02/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name FARRELL	First Name MARY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0083	Amount of Contribution
Residential Street Address 106 S Whittlesey Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/03/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FARRELL, SR	First Name GERALD	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0082	Amount of Contribution
Residential Street Address 106 S Whittlesly Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/03/2010	
Principal Occupation ATTORNEY	Name of Employer FARELL, LESLIE & GROCHOWSKI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WRONA	First Name EDWARD	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0202	Amount of Contribution
Residential Street Address 44 Cooke Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/03/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name IMPERATO	First Name KENNETH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0154	Amount of Contribution
Residential Street Address 58 Oxbow La	City Northford	State CT	Zip Code 06472	Date Received 02/03/2010	
Principal Occupation EDUCATION CONSULTANT	Name of Employer STATE OF CT DEPT OF EDUCATIONS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GIANFREDE	First Name GLORIA	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0140	Amount of Contribution
Residential Street Address 355 Captain Thomas Blvd Unit 45	City West Haven	State CT	Zip Code 06516	Date Received 02/03/2010	
Principal Occupation NURSING FACULTY	Name of Employer SCSU	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name WRONA	First Name DOROTHY	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0091	Amount of Contribution
Residential Street Address 44 Cooke Rd	City Wallingford	State CT	Zip Code 06492-5524	Date Received 02/03/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GOLDING	First Name WILFORD	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0093	Amount of Contribution
Residential Street Address 66 N Elm St	City Wallingford	State CT	Zip Code 06492-3803	Date Received 02/03/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GOLDING	First Name PHYLLIS	MI N	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0094	Amount of Contribution
Residential Street Address 66 N Elm St	City Wallingford	State CT	Zip Code 06492-3803	Date Received 02/03/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name PALERMO	First Name PAULINE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0113	Amount of Contribution
Residential Street Address 8 Dell Ct	City Wallingford	State CT	Zip Code 06492-2414	Date Received 02/03/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name LOHMANN	First Name HOWARD	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0115	Amount of Contribution
Residential Street Address 42 Spruce Glen Ter	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation PRESIDENT	Name of Employer LOGAN STEEL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LOHMANN	First Name GAIL	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0116	Amount of Contribution
Residential Street Address 42 Spruce Glen Ter	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LOHMANN	First Name HOWARD	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0117	Amount of Contribution
Residential Street Address 383 Columbus Ave	City Meriden	State CT	Zip Code 06451-5340	Date Received 02/04/2010	
Principal Occupation MANAGER	Name of Employer LOGAN STEEL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name LOHMANN	First Name ERIK	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0118	Amount of Contribution
Residential Street Address 209 Williams Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation INSIDE SALES	Name of Employer LOGAN STEEL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WIEDENMANN	First Name ROBERT	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0111	Amount of Contribution
Residential Street Address 17 Chestnut La	City Wallingford	State CT	Zip Code 06492-2574	Date Received 02/04/2010	
Principal Occupation BUILDER	Name of Employer SUNWOOD DEVELOPMENT CORP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name TOLLA	First Name MARIO	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0097	Amount of Contribution
Residential Street Address 69 Pond Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BENHAM	First Name ELIZABETH	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0121	Amount of Contribution
Residential Street Address 861 N Farms Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation	Name of Employer WALLINGFORD PARKS & REC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name STAIGER	First Name GARY	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0123	Amount of Contribution
Residential Street Address 3 Hawthorne HI	City Tolland	State CT	Zip Code 06084	Date Received 02/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name GALLAGHER	First Name WILLIAM	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0125	Amount of Contribution
Residential Street Address 138 Pawson Rd	City Branford	State CT	Zip Code	Date Received 02/04/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SAYERS, JR	First Name CLEMENT	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0086	Amount of Contribution
Residential Street Address 22 Trotwood Dr	City West Hartford	State CT	Zip Code 06117	Date Received 02/04/2010	
Principal Occupation GENERAL MANAGER	Name of Employer ROYO DISTRIBUTORS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CHICOSKI	First Name THOMAS	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0101	Amount of Contribution
Residential Street Address 925 N Farms Rd	City Wallingford	State CT	Zip Code 06492-1856	Date Received 02/04/2010	
Principal Occupation SALES MANAGER	Name of Employer EATON CORP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name FISHBEIN	First Name NORMAN	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0102	Amount of Contribution
Residential Street Address 104 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation ATTORNEY	Name of Employer FISHBEIN LAW FIRM, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CASTONGUAY	First Name JOSEPH	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0103	Amount of Contribution
Residential Street Address 7 Windmill Rd	City Ellington	State CT	Zip Code 06029	Date Received 02/04/2010	
Principal Occupation REAL ESTATE BROKER	Name of Employer SENTRY REAL ESTATE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WALTERS	First Name CHARLES	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0107	Amount of Contribution
Residential Street Address 18 Earl Ave	City Hamden	State CT	Zip Code 06514	Date Received 02/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
Last Name HALL	First Name GLORIA	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0143	Amount of Contribution
Residential Street Address 69 Nayatt Rd	City Barrington	State RI	Zip Code 02806	Date Received 02/04/2010	
Principal Occupation	Name of Employer DICHELLO DISTRIBUTORS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name VITALI	First Name MARGARET	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0127	Amount of Contribution
Residential Street Address 157 N Whittlesey Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ALLISON	First Name HARRIET	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0128	Amount of Contribution
Residential Street Address 341 Main St	City Rockfall	State CT	Zip Code 06481-2008	Date Received 02/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00	\$35.00
Last Name ECKENRODE	First Name HOWARD	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0183	Amount of Contribution
Residential Street Address 130 Todd Dr	City Milford	State CT	Zip Code 06461	Date Received 02/04/2010	
Principal Occupation ATTORNEY	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ZACCARIELLO	First Name PETER	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0002	Amount of Contribution
Residential Street Address 20 Edgerton Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation N/A	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name ZANDRI, JR	First Name GENO	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0114	Amount of Contribution
Residential Street Address 9 Balsam Ridge Cir	City Wallingford	State CT	Zip Code 06492	Date Received 02/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LONGLEY	First Name CHRISTOPHER	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0090	Amount of Contribution
Residential Street Address 227 Blue Hills Rd	City North Haven	State CT	Zip Code 06473	Date Received 02/04/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MURRAY	First Name GLORIA	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0122	Amount of Contribution
Residential Street Address 410 E Main St	City Meriden	State CT	Zip Code 06450	Date Received 02/05/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name BARBERINO	First Name DAVID	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0136	Amount of Contribution
Residential Street Address 1179 Yale Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation ATTORNEY/REAL ESTATE BROKER	Name of Employer BARBERINO BROTHERS, INC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name POCOBELLO	First Name GLORIA	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0137	Amount of Contribution
Residential Street Address 913 Clintonville Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BERNER	First Name GARY	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0139	Amount of Contribution
Residential Street Address 240 Spring Street Ext	City Glastonbury	State CT	Zip Code 06033	Date Received 02/05/2010	
Principal Occupation LEGISLATIVE PROGRAM MANAGER	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CANDELORA	First Name VINCENT	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0141	Amount of Contribution
Residential Street Address 405 Sea Hill Rd	City North Branford	State CT	Zip Code 06471	Date Received 02/05/2010	
Principal Occupation MANAGER/LEGISLATOR	Name of Employer TACONIC WIRE/STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CANDELORA	First Name CAROLYN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0142	Amount of Contribution
Residential Street Address 405 Sea Hill Rd	City North Branford	State CT	Zip Code 06471	Date Received 02/05/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name LAGERSTROM	First Name SHIRLEY	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0129	Amount of Contribution
Residential Street Address 55 Grieb Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name POLETTI	First Name LOUIS	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0130	Amount of Contribution
Residential Street Address 93 Montowese Trl	City Wallingford	State CT	Zip Code 06492-5713	Date Received 02/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name BRANGI	First Name MARY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0135	Amount of Contribution
Residential Street Address 1 Pine Glen Ter	City Wallingford	State CT	Zip Code 06492-2539	Date Received 02/05/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SHAW	First Name JOHN	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0138	Amount of Contribution
Residential Street Address 1410 Meadow Rdg	City Redding	State CT	Zip Code 06896	Date Received 02/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name COSGROVE	First Name ROBERT	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0145	Amount of Contribution
Residential Street Address 32 Birch St	City Old Saybrook	State CT	Zip Code 06475	Date Received 02/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DAVIS	First Name RONALD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0146	Amount of Contribution
Residential Street Address 112 Silversmith Dr	City Danbury	State CT	Zip Code 06811	Date Received 02/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DAVIS	First Name JEAN VITALI	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0184	Amount of Contribution
Residential Street Address 112 Silversmith Dr	City Danbury	State CT	Zip Code 06811	Date Received 02/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name JENS	First Name ARLENE	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0147	Amount of Contribution
Residential Street Address 4 Swan Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation SECRETARY	Name of Employer ZION LUTHERAN CHURCH	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name PATRUCCO	First Name JON	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0159	Amount of Contribution
Residential Street Address 420 Squire HI	City Cheshire	State CT	Zip Code 06410	Date Received 02/05/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BORNE	First Name BARBARA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0126	Amount of Contribution
Residential Street Address 20 Sylvan Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation LIBRARIAN	Name of Employer WALLINGFORD PUBLIC LIBRARY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name DEPAOLA	First Name JOSEPH	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0124	Amount of Contribution
Residential Street Address 45 Jennifer Dr	City North Haven	State CT	Zip Code 06473-2039	Date Received 02/05/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00	\$35.00
Last Name SIRKIS	First Name JAMES	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0119	Amount of Contribution
Residential Street Address 6 Bartholomew La	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name SIRKIS	First Name JERE	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0120	Amount of Contribution
Residential Street Address 6 Bartholomew La	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MCNALLY	First Name DON	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0294	Amount of Contribution
Residential Street Address 98 Simpson Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/05/2010	
Principal Occupation SALES	Name of Employer US FOODSERVICE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name CENEVIVA	First Name FRANCESCA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0455	Amount of Contribution
Residential Street Address 8 Cobblefield La	City Guilford	State CT	Zip Code 06437	Date Received 02/05/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SEICHTER	First Name JAMES	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0155	Amount of Contribution
Residential Street Address 163 Grieb Rd	City Wallingford	State CT	Zip Code 06492-0291	Date Received 02/06/2010	
Principal Occupation DIRECTOR SPECIAL ASSETS	Name of Employer UPS CAPITAL BUSINESS CREDIT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name WILLIAMS	First Name JOHN	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0153	Amount of Contribution
Residential Street Address 51 Elm St	City New Haven	State CT	Zip Code 06510	Date Received 02/06/2010	
Principal Occupation LAWYER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MALENTACCHI	First Name ANITA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0150	Amount of Contribution
Residential Street Address 223 Washington St	City Wallingford	State CT	Zip Code 06492-2323	Date Received 02/06/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name KELLY	First Name KEVIN	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0198	Amount of Contribution
Residential Street Address 1335 N Astor St Apt 3A	City Chicago	State IL	Zip Code 60610	Date Received 02/06/2010	
Principal Occupation MARKETING	Name of Employer MORROW & COMPANY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KELLY	First Name MARJORIE	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0199	Amount of Contribution
Residential Street Address 1335 N Astor St Apt 3A	City Chicago	State IL	Zip Code 60610	Date Received 02/06/2010	
Principal Occupation INTERIOR DESIGNER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name MANDYCK	First Name JACQUELINE GORSKY	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0161	Amount of Contribution
Residential Street Address 1037 N Main St	City West Hartford	State CT	Zip Code 06117	Date Received 02/06/2010	
Principal Occupation	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LABRIOLA, JR	First Name GERALD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0345	Amount of Contribution
Residential Street Address 8 Autumn Leaves Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/06/2010	
Principal Occupation ATTORNEY	Name of Employer LABRIOLA & LABRIOLA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name GAGLIARDI	First Name FRANCIS	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0144	Amount of Contribution
Residential Street Address 106 Pinnacle Rd	City Plainville	State CT	Zip Code 06062	Date Received 02/07/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00
Last Name BAGDASARIAN	First Name DAVID	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0210	Amount of Contribution
Residential Street Address 718 Corbin Ave	City New Britain	State CT	Zip Code 06052	Date Received 02/07/2010	
Principal Occupation SALES	Name of Employer NATIONAL MERCHANT FUNDS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name HUNTER	First Name RITA	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0177	Amount of Contribution
Residential Street Address 263 Church St	City Yalesville	State CT	Zip Code 06492	Date Received 02/07/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name CAMPANE	First Name LAWRENCE	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0220	Amount of Contribution
Residential Street Address 52 Dibble Edge Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/07/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name HAYNES	First Name JASON	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0151	Amount of Contribution
Residential Street Address 22 Douglas St	City Southington	State CT	Zip Code 06489	Date Received 02/07/2010	
Principal Occupation MANAGER	Name of Employer J.J. RAU AUTOBODY INC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name HAYNES	First Name JENNA	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0152	Amount of Contribution
Residential Street Address 22 Douglas St	City Southington	State CT	Zip Code 06489	Date Received 02/07/2010	
Principal Occupation ASST PRE-SCHOOL TEACHER	Name of Employer KIDDIE KORNER	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name MUSSO	First Name JULIUS	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0160	Amount of Contribution
Residential Street Address 812 N Farms Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/07/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name REDMOND	First Name JOHN	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0164	Amount of Contribution
Residential Street Address 16 Chestnut La	City Wallingford	State CT	Zip Code 06492	Date Received 02/07/2010	
Principal Occupation PHYSICIAN	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name EBER	First Name LESTER	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0165	Amount of Contribution
Residential Street Address 15 Coral Way	City Rochester	State NY	Zip Code 14618	Date Received 02/08/2010	
Principal Occupation WHOLESALE WINE & LIQUOR	Name of Employer SLOCUM & SONS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DORSEY	First Name SUSAN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0166	Amount of Contribution
Residential Street Address 1396 N Colony Rd # 1A	City Meriden	State CT	Zip Code 06450	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name MOLLOY	First Name JOAN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0156	Amount of Contribution
Residential Street Address 821 Marion Rd	City Cheshire	State CT	Zip Code 06410	Date Received 02/08/2010	
Principal Occupation ATTORNEY	Name of Employer LOUGHLIN, FITZGERALD PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name TRETLE	First Name JOSEPH	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0157	Amount of Contribution
Residential Street Address 34 Broadmeadow Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name TRETLE	First Name ANN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0158	Amount of Contribution
Residential Street Address 34 Broadmeadow Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WILLHELM	First Name SHARON	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0168	Amount of Contribution
Residential Street Address 267 Long Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation LIBRARY MEDIA SPECIALIST	Name of Employer MANCHESTER BOA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name WILLHELM	First Name GRACE	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0169	Amount of Contribution
Residential Street Address 267 Long Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name JOBAGY	First Name LESTER	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0148	Amount of Contribution
Residential Street Address 225 Long Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WASILEWSKI	First Name PETER	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0149	Amount of Contribution
Residential Street Address 164 High Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation FUNERAL DIRECTOR	Name of Employer WALLINGFORD FUNERAL HOME	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GELLO	First Name JANEEN	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0218	Amount of Contribution
Residential Street Address 71 Mapleview Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name RUSZCZYK	First Name ELAINE	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0227	Amount of Contribution
Residential Street Address 176 Jepson Ln	City Meriden	State CT	Zip Code 06451	Date Received 02/08/2010	
Principal Occupation OWNER	Name of Employer GRAND CENTRAL SPORTS BAR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DE NEGRIS	First Name GAIL	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0182	Amount of Contribution
Residential Street Address 19 Ozone Rd	City Branford	State CT	Zip Code 06405	Date Received 02/08/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CHELCHOWSKA	First Name GRAZYNA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0192	Amount of Contribution
Residential Street Address 40 Bradford Walk	City Farmington	State CT	Zip Code 06032	Date Received 02/08/2010	
Principal Occupation NURSE	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name COSHOW	First Name ALANNAH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0162	Amount of Contribution
Residential Street Address 26 Shipyard Rd	City Middle Haddam	State CT	Zip Code 06456	Date Received 02/08/2010	
Principal Occupation REGISTRAR OF VOTERS	Name of Employer EAST HAMPTON	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name THOMPSON	First Name BARBARA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0346	Amount of Contribution
Residential Street Address 8 Autumn Leaves Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation TOWN CLERK	Name of Employer TOWN OF WALLINGFORD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name WADSWORTH	First Name WILLIAM	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0297	Amount of Contribution
Residential Street Address 879 Church St	City Wallingford	State CT	Zip Code 06492	Date Received 02/08/2010	
Principal Occupation INVESTMENT ADVISOR	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DANAHER	First Name DOROTHY	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0163	Amount of Contribution
Residential Street Address 292 Thorpe Ave	City Meriden	State CT	Zip Code 06450	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BURT, JR	First Name EDWARD	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0200	Amount of Contribution
Residential Street Address 75 Carmalt Rd	City Hamden	State CT	Zip Code 06517	Date Received 02/08/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name SCHWARZHAUPT	First Name JAMES	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0278	Amount of Contribution
Residential Street Address 64 Arnoldale Rd	City West Hartford	State CT	Zip Code 06119-1702	Date Received 02/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name MUELLER	First Name KATHLEEN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0280	Amount of Contribution
Residential Street Address 25 Lansdowne Ln	City Cheshire	State CT	Zip Code 06410	Date Received 02/08/2010	
Principal Occupation NURSE	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MOROCCO	First Name RICHARD	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0321	Amount of Contribution
Residential Street Address 57 Beechwood Rd	City Holden	State MA	Zip Code 01520-1600	Date Received 02/08/2010	
Principal Occupation ATTORNEY	Name of Employer RICHARD A. MOROCCO PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HOGAN	First Name DIANE	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0296	Amount of Contribution
Residential Street Address 30 Lucy Ct	City Southington	State CT	Zip Code 06489	Date Received 02/09/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GALATI	First Name DOMINIC	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0363	Amount of Contribution
Residential Street Address 23 Taylor La	City Wallingford	State CT	Zip Code 06492	Date Received 02/09/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name QUINN	First Name MICHAEL	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0175	Amount of Contribution
Residential Street Address 293 Wall St	City Meriden	State CT	Zip Code 06450	Date Received 02/09/2010	
Principal Occupation ATTORNEY	Name of Employer MAHON, QUINN & MAHON	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name EBER	First Name WENDY	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0188	Amount of Contribution
Residential Street Address 524 E 72nd St # 31C	City New York	State NY	Zip Code 10021	Date Received 02/09/2010	
Principal Occupation WINE DISTRIBUTOR	Name of Employer SLOCUM & SONS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MCNAMARA	First Name KEVIN	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0176	Amount of Contribution
Residential Street Address 356 S Orchard St	City Wallingford	State CT	Zip Code 06492-4551	Date Received 02/09/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name IVERS	First Name CORNELIUS	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0178	Amount of Contribution
Residential Street Address 105 Goodspeed Ave	City Meriden	State CT	Zip Code 06451	Date Received 02/09/2010	
Principal Occupation LAWYER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DALY	First Name ROBERT	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0179	Amount of Contribution
Residential Street Address 1 Stegos Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/09/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name ANDERSON	First Name LORRAINE	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0180	Amount of Contribution
Residential Street Address 302 N Airline Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/09/2010	
Principal Occupation TEACHER	Name of Employer WALLINGFORD BOA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name BERNARDI	First Name ENRICO	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0170	Amount of Contribution
Residential Street Address 68 S Branford Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/09/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name GOTT	First Name MICHAEL	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0173	Amount of Contribution
Residential Street Address 75 Merryfield Ave	City Waterville	State ME	Zip Code 04901-5144	Date Received 02/09/2010	
Principal Occupation DISABLED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name LAZAROFF	First Name LAWRENCE	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0167	Amount of Contribution
Residential Street Address 30 Morning St	City North Haven	State CT	Zip Code 06473	Date Received 02/09/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KEEFE	First Name HUGH	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0174	Amount of Contribution
Residential Street Address 52 Trumbull St	City New Haven	State CT	Zip Code 06510	Date Received 02/10/2010	
Principal Occupation LAWYER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FARRELL	First Name LYNNE	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0181	Amount of Contribution
Residential Street Address 25 Buddington Park	City Huntington	State CT	Zip Code 06484-5359	Date Received 02/10/2010	
Principal Occupation ATTORNEY	Name of Employer FARRELL, LESLIE & GROCHOWSKI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name SPENCER	First Name JAMES	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0189	Amount of Contribution
Residential Street Address 203 Miller Ave	City Meriden	State CT	Zip Code 06450	Date Received 02/10/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ZAPPALA	First Name GAETANO	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0190	Amount of Contribution
Residential Street Address 35 John Savage Cmn	City Wallingford	State CT	Zip Code 06492	Date Received 02/10/2010	
Principal Occupation HAIR STYLIST	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ZEMINA	First Name LOUISE	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0193	Amount of Contribution
Residential Street Address 30 Seiter Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/10/2010	
Principal Occupation REALTOR	Name of Employer MCLAUGHLIN REAL ESTATE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LOEB	First Name JANE	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0195	Amount of Contribution
Residential Street Address 26 Ferncliff Dr	City West Hartford	State CT	Zip Code 06117-1014	Date Received 02/10/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name LOEB	First Name ROGER	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0196	Amount of Contribution
Residential Street Address 26 Ferncliff Dr	City West Hartford	State CT	Zip Code 06117-1014	Date Received 02/10/2010	
Principal Occupation LIQUOR/WINE DISTRIBUTOR	Name of Employer ALLAN S GOODMAN	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MALONEY	First Name MARY	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0197	Amount of Contribution
Residential Street Address 6 Marco Rd	City Willington	State CT	Zip Code 06149-1008	Date Received 02/10/2010	
Principal Occupation LAB TECHNICIAN	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name DOLISHNY	First Name MICHAEL	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0207	Amount of Contribution
Residential Street Address 85 Surrey Dr	City Meriden	State CT	Zip Code 06451	Date Received 02/10/2010	
Principal Occupation	Name of Employer UTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00
Last Name LUCAS	First Name REGINA	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0256	Amount of Contribution
Residential Street Address 40 Sunrise Cir	City Wallingford	State CT	Zip Code 06492	Date Received 02/10/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name HEALY	First Name CHRISTOPHER	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0320	Amount of Contribution
Residential Street Address 27 Dorchester Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 02/10/2010	
Principal Occupation CHAIRMAN	Name of Employer CT REPUBLICAN PARTY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name EDER	First Name ANDREW	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0251	Amount of Contribution
Residential Street Address 167 Uncas Point Rd	City Guilford	State CT	Zip Code 06437	Date Received 02/10/2010	
Principal Occupation EXECUTIVE	Name of Employer EDER BROS, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name EDER	First Name EILEEN	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0253	Amount of Contribution
Residential Street Address 167 Uncas Point Rd	City Guilford	State CT	Zip Code 06437	Date Received 02/10/2010	
Principal Occupation ARTIST	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HELLER	First Name DAVID	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0194	Amount of Contribution
Residential Street Address 3 Elliott Dr	City Simsbury	State CT	Zip Code 06070	Date Received 02/10/2010	
Principal Occupation PRESIDENT	Name of Employer ALLAN S GOODMAN, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name MUELLER	First Name JACQUELINE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0282	Amount of Contribution
Residential Street Address 10 Abbey Ct	City Cheshire	State CT	Zip Code 06410	Date Received 02/10/2010	
Principal Occupation	Name of Employer UNITED SNACK GROUP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MUELLER	First Name ERIC	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0281	Amount of Contribution
Residential Street Address 10 Abbey Ct	City Cheshire	State CT	Zip Code 06410	Date Received 02/10/2010	
Principal Occupation	Name of Employer UNITED SNACK GROUP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MORE	First Name JOHN	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0061	Amount of Contribution
Residential Street Address 2 Farm Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/10/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LAYMAN	First Name KILCHA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0392	Amount of Contribution
Residential Street Address 102 Southwind Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/10/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name LAYMAN	First Name GEORGE	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0393	Amount of Contribution
Residential Street Address 102 Southwind Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/10/2010	
Principal Occupation FREELANCE WRITER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WEISS	First Name RICHARD	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0252	Amount of Contribution
Residential Street Address 25 W Slope La	City Hamden	State CT	Zip Code 06517	Date Received 02/10/2010	
Principal Occupation EXECUTIVE	Name of Employer EDER BROS, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PARISI	First Name FLORENCE	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0224	Amount of Contribution
Residential Street Address 65 Putter Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/11/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LEWIS	First Name PETER & JANE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0215	Amount of Contribution
Residential Street Address 21 Silent Dr	City Warwick	State RI	Zip Code 02886	Date Received 02/11/2010	
Principal Occupation PODIATRIST	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name FARRELL	First Name WILLIAM	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0216	Amount of Contribution
Residential Street Address 19 Centre Village Dr	City Madison	State CT	Zip Code 06443	Date Received 02/11/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name RIETHER	First Name CHARLES	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0191	Amount of Contribution
Residential Street Address 31 Broadway	City North Haven	State CT	Zip Code 06473	Date Received 02/11/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WARNER	First Name IRENE	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0171	Amount of Contribution
Residential Street Address 1205 Old Colony Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/11/2010	
Principal Occupation PACKER	Name of Employer UNITED SNACK GROUP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name WARNER	First Name RICHARD	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0172	Amount of Contribution
Residential Street Address 1205 Old Colony Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/11/2010	
Principal Occupation DISABLED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name BENIGNI	First Name HARRY	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0185	Amount of Contribution
Residential Street Address 51 Shetland Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/12/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name BLAKESLEE	First Name ROLLANDE	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0217	Amount of Contribution
Residential Street Address 80 Applewood Dr	City Meriden	State CT	Zip Code 06450	Date Received 02/12/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00
Last Name LIPUMA	First Name VICTORIA	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0187	Amount of Contribution
Residential Street Address 201 High St	City Wallingford	State CT	Zip Code 06492	Date Received 02/12/2010	
Principal Occupation ADMINISTRATIVE ASSISTANT	Name of Employer CHOATE ROSEMARY HALL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name THIBODEAU	First Name ROLAND	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0205	Amount of Contribution
Residential Street Address 61 Collins St	City Caribou	State ME	Zip Code 04736	Date Received 02/12/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name STROMINGER	First Name REBECCA	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0223	Amount of Contribution
Residential Street Address 38 Silver Spring Ln	City Ridgefield	State CT	Zip Code 06877-5604	Date Received 02/12/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name SCLAFANI, JR	First Name LUCIANO	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0221	Amount of Contribution
Residential Street Address 12 Wildfire Ln	City Trumbull	State CT	Zip Code 06611-2655	Date Received 02/12/2010	
Principal Occupation PRESIDENT	Name of Employer GUS SCLAFANI CORP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name THURSTON	First Name MICHAEL	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0233	Amount of Contribution
Residential Street Address 21 Kazersky Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/12/2010	
Principal Occupation OWNER/SALES	Name of Employer THURSTON FOODS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name THURSTON	First Name KIMBERLY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0234	Amount of Contribution
Residential Street Address 21 Kazersky Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/12/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GASSSER, III	First Name ALVIN	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0246	Amount of Contribution
Residential Street Address 6 Self Ct	City Wallingford	State CT	Zip Code 06492	Date Received 02/12/2010	
Principal Occupation	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FITZSIMMONS, JR	First Name B	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0237	Amount of Contribution
Residential Street Address 63 Homestead Ave	City Weymouth	State MA	Zip Code 02188	Date Received 02/12/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name STABILE	First Name MARY	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0077	Amount of Contribution
Residential Street Address 250 S Orchard St	City Wallingford	State CT	Zip Code 06492	Date Received 02/12/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MARSHALL	First Name ENSEY	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0279	Amount of Contribution
Residential Street Address 6 Briarwood Ln	City Wallingford	State CT	Zip Code 06492-3252	Date Received 02/12/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name KNUDSEN	First Name MARIE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0370	Amount of Contribution	
Residential Street Address 5 Coventry La	City Harwinton	State CT	Zip Code 06791	Date Received 02/12/2010		
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name MUSSO	First Name GALE	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0238	Amount of Contribution	
Residential Street Address 68 Farm Hill Rd	City Wallingford	State CT	Zip Code 06492-3250	Date Received 02/13/2010		
Principal Occupation RN	Name of Employer CREC(HARTFORD)	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name MUSSO	First Name L	MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0239	Amount of Contribution	
Residential Street Address 60 Farm Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/13/2010		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name ROY	First Name ANTHONY	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0222	Amount of Contribution	
Residential Street Address 90 Putter Dr	City Wallingford	State CT	Zip Code 06492-5048	Date Received 02/13/2010		
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name DINATALE	First Name NATALE	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0208	Amount of Contribution
Residential Street Address 10 Copper Beech Dr	City Cheshire	State CT	Zip Code 06410-2953	Date Received 02/13/2010	
Principal Occupation ATTORNEY	Name of Employer DURANT, NICHOLS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name LONGO	First Name PATRICIA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0204	Amount of Contribution
Residential Street Address 444 Thayer Pond Rd	City Wilton	State CT	Zip Code 06897-2406	Date Received 02/14/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GLAZEWSKI	First Name JEREMY	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0245	Amount of Contribution
Residential Street Address 18 Surrey Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/14/2010	
Principal Occupation DISPATCHER/OWNER	Name of Employer OLD DOMINION FREIGHT LINES/SLG ENT LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PRICE	First Name MICHAEL	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0242	Amount of Contribution
Residential Street Address 1 Kings Hwy	City Chester	State CT	Zip Code 06412	Date Received 02/14/2010	
Principal Occupation EXECUTIVE	Name of Employer GOODSPEED FOUNDATION	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name PRICE	First Name JOANN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0243	Amount of Contribution
Residential Street Address 1 Kings Hwy	City Chester	State CT	Zip Code 06412	Date Received 02/14/2010	
Principal Occupation	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HANNAN	First Name GREGG	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0263	Amount of Contribution
Residential Street Address 246 Reeds Gap Rd Unit 3A	City Northford	State CT	Zip Code 06472	Date Received 02/14/2010	
Principal Occupation ATTORNEY	Name of Employer SELF/STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HANNAN	First Name ALICIA	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0264	Amount of Contribution
Residential Street Address 246 Reeds Gap Rd Unit 3A	City Northford	State CT	Zip Code 06472	Date Received 02/14/2010	
Principal Occupation CLERICAL	Name of Employer TOWN OF MADISON	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GRAHAM	First Name GERRY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0225	Amount of Contribution
Residential Street Address 1274 E Main St # A-9	City Meriden	State CT	Zip Code 06450	Date Received 02/15/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name GLENDEENEN, JR	First Name WILLIAM	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0219	Amount of Contribution
Residential Street Address 102 River Edge Farms Rd	City Madison	State CT	Zip Code 06443-2756	Date Received 02/15/2010	
Principal Occupation LAWYER	Name of Employer GLENDEENEN & SHEA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DOWNING	First Name JOSEPH	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0228	Amount of Contribution
Residential Street Address 3 Old Gate Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/15/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SELF	First Name R	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0213	Amount of Contribution
Residential Street Address 198 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 02/15/2010	
Principal Occupation SALES	Name of Employer D&D FILTRATION	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BANASZEWSKI	First Name REGINA	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0206	Amount of Contribution
Residential Street Address 765 Pebble Blvd	City Covington	State GA	Zip Code 30016	Date Received 02/15/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name LYONS	First Name ANN	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0203	Amount of Contribution
Residential Street Address 52 Metacomet Dr	City Meriden	State CT	Zip Code 06450	Date Received 02/15/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LOCKERT	First Name ROBERT	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0244	Amount of Contribution
Residential Street Address 433 Wexford Pl	City Cheshire	State CT	Zip Code 06410	Date Received 02/16/2010	
Principal Occupation INVESTMENT ADVISOR	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HAMMOND	First Name KELLY	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0231	Amount of Contribution
Residential Street Address 31 Alwin Ter	City Little Silver	State NJ	Zip Code 07739	Date Received 02/16/2010	
Principal Occupation PHYSICIAN	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KNIGHT	First Name TARA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0247	Amount of Contribution
Residential Street Address 666 Orange St	City New Haven	State CT	Zip Code 06511	Date Received 02/16/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name DECKER, JR	First Name EARLE	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0248	Amount of Contribution
Residential Street Address 9 Watrous La	City Higganum	State CT	Zip Code 06441	Date Received 02/16/2010	
Principal Occupation	Name of Employer WINEBOW	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SIMPSON	First Name THOMAS	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0249	Amount of Contribution
Residential Street Address 150 N Orchard St	City Wallingford	State CT	Zip Code 06492	Date Received 02/16/2010	
Principal Occupation VP & GENERAL MANAGER	Name of Employer WINEBOW	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BREWER	First Name SUSAN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0250	Amount of Contribution
Residential Street Address 98 Ridge Acres Rd	City Darien	State CT	Zip Code 06820	Date Received 02/16/2010	
Principal Occupation SALES	Name of Employer WINEBOW	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name JAMESON	First Name ANNA	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0211	Amount of Contribution
Residential Street Address 85 Dinatale Dr	City Durham	State CT	Zip Code 06422	Date Received 02/16/2010	
Principal Occupation	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name GESSERT	First Name DAVID	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0352	Amount of Contribution
Residential Street Address 43 Grandview	City Wallingford	State CT	Zip Code 06492	Date Received 02/16/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name KELLY	First Name SHARON	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0268	Amount of Contribution
Residential Street Address 14610 Tundra Dr	City Sylmar	State CA	Zip Code 91342	Date Received 02/17/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name DEWEY	First Name EARL	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0258	Amount of Contribution
Residential Street Address 9 Catlin Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/17/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name HILLMAN	First Name ANDREW	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0290	Amount of Contribution
Residential Street Address 130 Godfrey Rd E	City Weston	State CT	Zip Code 06883-1424	Date Received 02/17/2010	
Principal Occupation	Name of Employer CDI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name JANNOTTA	First Name GREGORY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0303	Amount of Contribution
Residential Street Address 12 St Andrews Ci # 4	City Wallingford	State CT	Zip Code 06492	Date Received 02/17/2010	
Principal Occupation MANAGER	Name of Employer SRNH	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name JANNOTTA	First Name MICHAEL	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0304	Amount of Contribution
Residential Street Address 12 St Andrews Ci # 4	City Wallingford	State CT	Zip Code 06492	Date Received 02/17/2010	
Principal Occupation MANAGER	Name of Employer SRNH INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CODY	First Name CHRISTINE	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0240	Amount of Contribution
Residential Street Address 204 Oronoque Rd	City Milford	State CT	Zip Code 06461	Date Received 02/17/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CODY	First Name CHRISTOPHER	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0241	Amount of Contribution
Residential Street Address 204 Oronoque Dr	City Milford	State CT	Zip Code 06461	Date Received 02/17/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name LEVESQUE	First Name PAMELA	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0230	Amount of Contribution
Residential Street Address 4 Pleasant St	City Yalesville	State CT	Zip Code 06492	Date Received 02/17/2010	
Principal Occupation DDS WORKER	Name of Employer ST OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LEVESQUE	First Name ROBERT	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0229	Amount of Contribution
Residential Street Address 4 Pleasant St	City Yalesville	State CT	Zip Code 06492	Date Received 02/17/2010	
Principal Occupation AUTO GLASS TECHNICIAN	Name of Employer WHALLEY GLASS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GILLOOLY	First Name JOAN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0226	Amount of Contribution
Residential Street Address 26B Pilgrim's Hbr	City Wallingford	State CT	Zip Code 06492-5431	Date Received 02/17/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name CYGANIK	First Name MICHAEL	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0214	Amount of Contribution
Residential Street Address 3 Pauline Ct	City Wallingford	State CT	Zip Code 06492	Date Received 02/17/2010	
Principal Occupation LINEMAN	Name of Employer CONN LIGHT & POWER	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name DAMIATA	First Name JEAN	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0209	Amount of Contribution
Residential Street Address 65 Westmont Dr	City Middletown	State CT	Zip Code 06457	Date Received 02/17/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LAROSE	First Name JULIETTE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0212	Amount of Contribution
Residential Street Address 592 Center St	City Wallingford	State CT	Zip Code 06492	Date Received 02/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CURRAN	First Name OTTO	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0257	Amount of Contribution
Residential Street Address 6 Buttonwood Cir	City Wallingford	State CT	Zip Code 06492	Date Received 02/18/2010	
Principal Occupation CARPENTER	Name of Employer METRO NORTH RR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name HANSEN	First Name PATRICIA	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0265	Amount of Contribution
Residential Street Address 1775 Tuttle Ave	City Cheshire	State CT	Zip Code 06410	Date Received 02/18/2010	
Principal Occupation ADMINISTRATIVE ASST	Name of Employer COMPONENT ENGINEERS INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name HANSEN	First Name RONALD	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0266	Amount of Contribution
Residential Street Address 1775 Tuttle Ave	City Cheshire	State CT	Zip Code 06410	Date Received 02/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name JANNOTTA	First Name JEANNETTE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0306	Amount of Contribution
Residential Street Address 70 Laurelbrook Ln	City Fairfield	State CT	Zip Code 06824	Date Received 02/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name RUBINO	First Name LAUREEN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0267	Amount of Contribution
Residential Street Address 153 Lasalle Rd	City West Hartford	State CT	Zip Code 06107	Date Received 02/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name JANNOTTA	First Name ALFONSO	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0305	Amount of Contribution
Residential Street Address 70 Laurelbrook Ln	City Fairfield	State CT	Zip Code 06430	Date Received 02/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name CRAIG	First Name MARY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0269	Amount of Contribution
Residential Street Address 21582 Poetrush Run	City Estero	State FL	Zip Code 33928	Date Received 02/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name BUCKLEY	First Name PATRICIA	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0272	Amount of Contribution
Residential Street Address 37 Applewood Rd	City Branford	State CT	Zip Code 06405	Date Received 02/18/2010	
Principal Occupation ACUPUNTURIST	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MONTESI	First Name EILEEN	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0261	Amount of Contribution
Residential Street Address 5 Dean La	City Wallingford	State CT	Zip Code 06492	Date Received 02/19/2010	
Principal Occupation	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name CHRISTENSEN	First Name JUDITH	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0277	Amount of Contribution
Residential Street Address 102 W Prospect St	City New Haven	State CT	Zip Code 06515-1609	Date Received 02/19/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name PARISI	First Name ROBERT	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0275	Amount of Contribution
Residential Street Address 23 E Main St	City Wallingford	State CT	Zip Code 06492	Date Received 02/19/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CHRISTONI, JR	First Name JOSEPH	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0259	Amount of Contribution
Residential Street Address 95 Cass Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/19/2010	
Principal Occupation TRANSPORTATION	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MOODY	First Name M	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0276	Amount of Contribution
Residential Street Address 89 Campbell Ave	City Vernon	State CT	Zip Code 06066	Date Received 02/20/2010	
Principal Occupation GOV'S OFFICE	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BRADY	First Name ROBERT	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0262	Amount of Contribution
Residential Street Address 39 Danny's Way	City Wallingford	State CT	Zip Code 06492	Date Received 02/20/2010	
Principal Occupation MAINTENANCE	Name of Employer TOWN OF WALLINGFORD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name BEVAN	First Name DORIS	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0260	Amount of Contribution
Residential Street Address 45 Martin Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/20/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name MENDYKA	First Name MICHAEL	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0273	Amount of Contribution
Residential Street Address 53 Ridgeland Cir	City Wallingford	State CT	Zip Code 06492	Date Received 02/22/2010	
Principal Occupation BUYER	Name of Employer NORTHEAST UTILITIES SERVICE CO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DEVANEY	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0274	Amount of Contribution
Residential Street Address 6 Bayberry Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name COLBY, JR	First Name WILLIAM	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0283	Amount of Contribution
Residential Street Address 21582 Portrush Run	City Estero	State FL	Zip Code 33928	Date Received 02/22/2010	
Principal Occupation	Name of Employer HOME DEPOT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name PAPALE	First Name FRANK & ANGELA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0284	Amount of Contribution
Residential Street Address 38 Laurelwood Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name CLARKE	First Name THERESE	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0307	Amount of Contribution
Residential Street Address 167 Grieb Rd	City Wallingford	State CT	Zip Code 06492-2511	Date Received 02/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name TREAT	First Name CAROL	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0293	Amount of Contribution
Residential Street Address 524A Chapperal La	City Stratford	State CT	Zip Code 06614	Date Received 02/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GOLDSTEIN	First Name JONATHAN	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0361	Amount of Contribution
Residential Street Address 17 Chambord Park	City Bloomfield	State CT	Zip Code 06002	Date Received 02/22/2010	
Principal Occupation EXECUTIVE	Name of Employer BRESCOME BARTON	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name MIRRA	First Name JOSEPH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0289	Amount of Contribution
Residential Street Address 7 Summerwood Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/23/2010	
Principal Occupation PRESIDENT	Name of Employer BUSINESS RESOURCE CTR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LANCOR	First Name STEVEN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0310	Amount of Contribution
Residential Street Address 52 Rockledge Dr	City West Hartford	State CT	Zip Code 06107-3738	Date Received 02/23/2010	
Principal Occupation SALES MANAGER	Name of Employer CDI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LUCIANA	First Name JOSEPH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0291	Amount of Contribution
Residential Street Address 20 Summit Dr	City Monroe	State CT	Zip Code 06468	Date Received 02/23/2010	
Principal Occupation	Name of Employer CDI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name STONE	First Name CHAD	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0292	Amount of Contribution
Residential Street Address 18 Cornwells Beach Rd	City Sands Point	State NY	Zip Code 11050-1306	Date Received 02/23/2010	
Principal Occupation	Name of Employer CDI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name ULBRICH, JR	First Name FREDERICK	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0286	Amount of Contribution
Residential Street Address 59 Madison Ave	City Wallingford	State CT	Zip Code 06492-0610	Date Received 02/23/2010	
Principal Occupation CHAIRMAN	Name of Employer ULBRICH STEEL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PATEL	First Name AMIT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0368	Amount of Contribution
Residential Street Address 28 Elihu Dr	City Durham	State CT	Zip Code 06422	Date Received 02/23/2010	
Principal Occupation DENTIST	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FALCONIERI	First Name SALVATORE	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0287	Amount of Contribution
Residential Street Address 71 Putter Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/24/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name FALCONIERI	First Name DORIS	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0288	Amount of Contribution
Residential Street Address 71 Putter Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/24/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name BAYE	First Name ALICE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0309	Amount of Contribution
Residential Street Address 3 Cedar Cir	City Newtown	State CT	Zip Code 06470	Date Received 02/24/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BIGLIN	First Name DENIS	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0316	Amount of Contribution
Residential Street Address 3704 Freshwater Dr	City Jupiter	State FL	Zip Code 33477	Date Received 02/24/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ZULLO	First Name LAURA	MI N	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0315	Amount of Contribution
Residential Street Address 15 Bluefield Ct	City Cheshire	State CT	Zip Code 06410	Date Received 02/24/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name MANTZARIS	First Name ADAM	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0317	Amount of Contribution
Residential Street Address 34 Academy St	City Wallingford	State CT	Zip Code 06492	Date Received 02/25/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name WILSON	First Name ROBIN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0285	Amount of Contribution
Residential Street Address 45 Summer Ln	City North Haven	State CT	Zip Code 06473	Date Received 02/25/2010	
Principal Occupation PRESIDENT	Name of Employer QUINNIPIAC CHAMBER	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FARREN	First Name PAUL	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0314	Amount of Contribution
Residential Street Address 154 Beaver Head Rd	City North Guilford	State CT	Zip Code 06437	Date Received 02/25/2010	
Principal Occupation LAWYER	Name of Employer LAW OFFCES OF PAUL E FARREN, JR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GRANA	First Name KAREN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0334	Amount of Contribution
Residential Street Address 53 Summerhill Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/25/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PIMENTEL	First Name MARY	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0298	Amount of Contribution
Residential Street Address 582 N Main St	City Wallingford	State CT	Zip Code 06492	Date Received 02/25/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name DE VIVO	First Name ROSEMARIE & JAMES	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0299	Amount of Contribution
Residential Street Address 1 Wilson Ave	City Wallingford	State CT	Zip Code 06492	Date Received 02/25/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MILES	First Name PATRICIA	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0300	Amount of Contribution
Residential Street Address 87 Woodhouse Ave	City Northford	State CT	Zip Code 06472	Date Received 02/25/2010	
Principal Occupation	Name of Employer ULBRICH STEEL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name TISCIA	First Name MICHAEL	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0301	Amount of Contribution
Residential Street Address 7 Saddlebrook Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/25/2010	
Principal Occupation OWNER	Name of Employer MICHAELS TRATTORIA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DADDONA	First Name MICHAEL	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0311	Amount of Contribution
Residential Street Address 618 Lambert Rd	City Orange	State CT	Zip Code 06477	Date Received 02/25/2010	
Principal Occupation GENERAL MANAGER	Name of Employer AUTOMATED SVCS LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name KAWULICZ	First Name PETER	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0308	Amount of Contribution
Residential Street Address 44 Quaker Ridge Rd	City Bethel	State CT	Zip Code 06801	Date Received 02/25/2010	
Principal Occupation SALES MANAGER	Name of Employer CDI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PUGLIESE	First Name CIRO	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0312	Amount of Contribution
Residential Street Address 19 Sunset Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/26/2010	
Principal Occupation COOK	Name of Employer LIDO'S RESTAURANT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PUGLIESE	First Name FRANCESCA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0313	Amount of Contribution
Residential Street Address 19 Sunset Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/26/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name VOLPE	First Name MARK	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0302	Amount of Contribution
Residential Street Address 3 Ice Pond Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/26/2010	
Principal Occupation ATTORNEY	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name SHORTELL	First Name BARBARA	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0324	Amount of Contribution
Residential Street Address 28 Cassella Dr	City Wallingford	State CT	Zip Code 06492-1614	Date Received 02/26/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BARBUTO	First Name JOAN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0323	Amount of Contribution
Residential Street Address 136 Ridgeland Cir	City Wallingford	State CT	Zip Code 06492-2163	Date Received 02/27/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name CORRIVEAU	First Name ANDREA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0335	Amount of Contribution
Residential Street Address 4 Tammy Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 02/27/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name VALENTI	First Name FRED	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0332	Amount of Contribution
Residential Street Address 11 Mulligan Dr	City Wallingford	State CT	Zip Code 06492	Date Received 02/27/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name NORRIE	First Name RICHARD	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0333	Amount of Contribution
Residential Street Address 3 Farm Ct	City Wallingford	State CT	Zip Code 06492-3251	Date Received 02/28/2010	
Principal Occupation SALES HVAC	Name of Employer AERCON CORP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name NORRIE	First Name MARY	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0330	Amount of Contribution
Residential Street Address 3 Farm Ct	City Wallingford	State CT	Zip Code 06492	Date Received 02/28/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HIGGINS	First Name HELEN	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0325	Amount of Contribution
Residential Street Address 652 Nut Plains Rd	City Guilford	State CT	Zip Code 06437	Date Received 02/28/2010	
Principal Occupation EXECUTIVE DIRECTOR	Name of Employer CT TRUST FOR HISTORIC PRESERVATION	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SABO	First Name DEBORAH	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0322	Amount of Contribution
Residential Street Address 152 Washington St	City Wallingford	State CT	Zip Code 06492	Date Received 02/28/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name MOREDOCK	First Name OLIVE	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0331	Amount of Contribution
Residential Street Address 148 N Fair St	City Guilford	State CT	Zip Code 06437	Date Received 03/01/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MARGAGLIONE	First Name DAWN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0337	Amount of Contribution
Residential Street Address 82 Paxton Way	City Glastonbury	State CT	Zip Code 06033	Date Received 03/01/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WASILEWSKI	First Name KAREN	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0339	Amount of Contribution
Residential Street Address 191 Valley View Dr	City Meriden	State CT	Zip Code 06450	Date Received 03/01/2010	
Principal Occupation SECRETARY	Name of Employer TOWN OF WALLINGFORD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DEVANEY, JR	First Name ROBERT	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0362	Amount of Contribution
Residential Street Address 311 Grieb Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/01/2010	
Principal Occupation CEMETARY LABORER	Name of Employer CD CEMETARY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name KOLB	First Name KOREN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0326	Amount of Contribution
Residential Street Address 49 High St	City East Haven	State CT	Zip Code 06512	Date Received 03/01/2010	
Principal Occupation SECRETARY	Name of Employer KOLB & ASSOCIATES PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name VOYTEK	First Name ROSEMARIA	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0236	Amount of Contribution
Residential Street Address 14 Seiter Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/01/2010	
Principal Occupation BANK TELLER	Name of Employer TD BANK	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name MARGAGLIONE	First Name SALVATORE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0338	Amount of Contribution
Residential Street Address 82 Paxton Way	City Glastonbury	State CT	Zip Code 06033	Date Received 03/02/2010	
Principal Occupation NEW ENGLAND VAN LINES OF CT	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BATES	First Name WAYNE	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0319	Amount of Contribution
Residential Street Address 86 Cass Ave	City Wallingford	State CT	Zip Code 06492	Date Received 03/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name DONAHUE	First Name TIMOTHY	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0327	Amount of Contribution
Residential Street Address 1 Castle Rock	City Branford	State CT	Zip Code 06405	Date Received 03/02/2010	
Principal Occupation	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name LANGAN	First Name ALICE	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0328	Amount of Contribution
Residential Street Address 122 B Heritage Vlg	City Southbury	State CT	Zip Code 06488	Date Received 03/02/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LANGAN, JR	First Name JOHN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0329	Amount of Contribution
Residential Street Address 122 B Heritage Vlg	City Southbury	State CT	Zip Code 06488	Date Received 03/02/2010	
Principal Occupation CPA	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FRIEL	First Name DARIA	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0318	Amount of Contribution
Residential Street Address 5 Lincoln Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/03/2010	
Principal Occupation DENTIST	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name CURRAN	First Name EDWIN	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0341	Amount of Contribution
Residential Street Address 26 Knollwood Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/03/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name GREEN	First Name CYNTHIA	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0344	Amount of Contribution
Residential Street Address 394 N Colony St Rear	City Wallingford	State CT	Zip Code 06492-3126	Date Received 03/03/2010	
Principal Occupation OPHTHALMOLOGY ASST	Name of Employer DR. JOHN REDMOND	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name MORE	First Name JOHN	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0348	Amount of Contribution
Residential Street Address 606 N Elm St	City Wallingford	State CT	Zip Code 06492	Date Received 03/04/2010	
Principal Occupation PIPEFITTER	Name of Employer LOCAL 777	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MORE	First Name KIMBERLY	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0349	Amount of Contribution
Residential Street Address 608 N Elm St	City Wallingford	State CT	Zip Code 06492	Date Received 03/04/2010	
Principal Occupation TEACHER	Name of Employer CITY OF WATERBURY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name CURTIS, JR	First Name ERIC	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0340	Amount of Contribution
Residential Street Address 1649 Shepard Ave	City Hamden	State CT	Zip Code 06518	Date Received 03/04/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BUNO	First Name KEVIN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0355	Amount of Contribution
Residential Street Address 16 Fawn Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/05/2010	
Principal Occupation ACCOUNTANT	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name BUNO	First Name MARIE	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0356	Amount of Contribution
Residential Street Address 16 Fawn Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/05/2010	
Principal Occupation ACCOUNTANT	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name MILLER	First Name CHESTER	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0342	Amount of Contribution
Residential Street Address 15 Morgan Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/05/2010	
Principal Occupation REGISTRAR OF VOTERS	Name of Employer TOWN OF WALLINGFORD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name COMSTOCK	First Name DORCAS	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0350	Amount of Contribution
Residential Street Address 27 Hamilton Dr	City Madison	State CT	Zip Code 06443	Date Received 03/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name SAIA	First Name ANTONIA & TISH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0347	Amount of Contribution
Residential Street Address 9 Cedar St	City Wallingford	State CT	Zip Code 06492	Date Received 03/05/2010	
Principal Occupation REALTOR	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name STAPLETON	First Name VENITA	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0432	Amount of Contribution
Residential Street Address 29 Danenberg Pl	City West Haven	State CT	Zip Code 06516	Date Received 03/05/2010	
Principal Occupation MEDICAL TECHNICIAN	Name of Employer BRIDGEPORT HOSPITAL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name PIZZUTI	First Name ROSANNE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0343	Amount of Contribution
Residential Street Address 83 Summerhill Rd	City Wallingford	State CT	Zip Code 06492-3475	Date Received 03/05/2010	
Principal Occupation LPN	Name of Employer SKYVIEW CENTER	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name MARGAGLIONE	First Name JOHN	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0336	Amount of Contribution
Residential Street Address 668 N Elm St	City Wallingford	State CT	Zip Code 06492	Date Received 03/05/2010	
Principal Occupation MOVER	Name of Employer FATHJER & SON MOVING & STORAGE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name FISHBEIN	First Name RHONDA	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0353	Amount of Contribution
Residential Street Address 179 Grieb Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/05/2010	
Principal Occupation TRAINER	Name of Employer QUEST DIAGNOSTICS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
<hr/>					
Last Name FISHBEIN	First Name CRAIG	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0354	Amount of Contribution
Residential Street Address 179 Grieb Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/05/2010	
Principal Occupation ATTORNEY	Name of Employer FISHBEIN LAW FIRM LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
<hr/>					
Last Name DEWHIRST	First Name DOROTHY	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0357	Amount of Contribution
Residential Street Address 54 Easton Ct	City Shelton	State CT	Zip Code 06484-6414	Date Received 03/05/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name MASTRONI	First Name ELEANOR	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0358	Amount of Contribution
Residential Street Address 54 Easton Ct	City Shelton	State CT	Zip Code 06484	Date Received 03/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FLYNN	First Name MARY	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0359	Amount of Contribution
Residential Street Address 121 Thornton St	City Hamden	State CT	Zip Code 06517	Date Received 03/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ROSSI	First Name MILDRED	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0367	Amount of Contribution
Residential Street Address 26 New England Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/08/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name ACAMPORA	First Name JOHN	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0366	Amount of Contribution
Residential Street Address 5036 Ridge Rd	City North Haven	State CT	Zip Code 16473	Date Received 03/09/2010	
Principal Occupation	Name of Employer COHEN & ACAMPORA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name MCMANUS	First Name VINCENT	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0395	Amount of Contribution
Residential Street Address 1 Blackberry La	City Wallingford	State CT	Zip Code 06492	Date Received 03/09/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MCMANUS	First Name PATRICIA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0394	Amount of Contribution
Residential Street Address 1 Blackberry La	City Wallingford	State CT	Zip Code 06492	Date Received 03/09/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name RASCATI	First Name ROSEMARY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0466	Amount of Contribution
Residential Street Address 482 N Main St	City Wallingford	State CT	Zip Code 06492-3211	Date Received 03/09/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PASCALE	First Name FRANK	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0235	Amount of Contribution
Residential Street Address 254 N Colony St Apt 2	City Wallingford	State CT	Zip Code 06492-3630	Date Received 03/09/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name ELLIOTT	First Name BARBARA	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0295	Amount of Contribution
Residential Street Address 12 Hartlands Dr	City Old Saybrook	State CT	Zip Code 06475	Date Received 03/09/2010	
Principal Occupation MANAGER	Name of Employer HARTFORD INS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ELLIOTT	First Name RICHARD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0374	Amount of Contribution
Residential Street Address 12 Hartlands Dr	City Old Saybrook	State CT	Zip Code 06475	Date Received 03/10/2010	
Principal Occupation CARPENTER	Name of Employer ELECTRIC BOAT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name EAGLES	First Name CAROL	MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0385	Amount of Contribution
Residential Street Address 93 William St	City West Haven	State CT	Zip Code 06516	Date Received 03/10/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name HOWE	First Name WARREN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0364	Amount of Contribution
Residential Street Address 16 Fairlawn Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/10/2010	
Principal Occupation SALES/INVESTMENTS	Name of Employer METLIFE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name ELLS	First Name THEODORE	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0365	Amount of Contribution
Residential Street Address 255 Thimble Island Rd	City Branford	State CT	Zip Code 06405-5733	Date Received 03/10/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name AVIGNE	First Name DOROTHY	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0372	Amount of Contribution
Residential Street Address 48 Laurel Dr	City Wallingford	State CT	Zip Code 06492-5024	Date Received 03/10/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name VALLE	First Name DAVID	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0373	Amount of Contribution
Residential Street Address 71 Brookview Dr	City Glastonbury	State CT	Zip Code 06033-1424	Date Received 03/10/2010	
Principal Occupation UNEMPLOYED	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SMITH	First Name SARAH	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0384	Amount of Contribution
Residential Street Address 261 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/10/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name VEGLIANTE	First Name FREDERICK	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0369	Amount of Contribution
Residential Street Address 70 Beech Tree Rdg	City Killingworth	State CT	Zip Code 06419-2424	Date Received 03/11/2010	
Principal Occupation PHARMACIST	Name of Employer BELLA VISTA PHARMACY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name WHITE	First Name DAVID	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0360	Amount of Contribution
Residential Street Address 28 Turtle Dr	City Branford	State CT	Zip Code	Date Received 03/11/2010	
Principal Occupation	Name of Employer INIVERSAL HOME LIQUIDATORS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DIORIO	First Name CHRISTOPHER	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0386	Amount of Contribution
Residential Street Address 20 Brookvale Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/12/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name WILSON	First Name DALE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0387	Amount of Contribution
Residential Street Address 17 Rolling Meadow Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/12/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name PRENTICE	First Name ROBERT	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0431	Amount of Contribution
Residential Street Address 291 Cook Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/15/2010	
Principal Occupation PROJECT MANAGER	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BIONDINO	First Name SHARON	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0396	Amount of Contribution
Residential Street Address 197 Cheshire Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/16/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BIONDINO	First Name C	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0397	Amount of Contribution
Residential Street Address 197 Cheshire Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/17/2010	
Principal Occupation HEALTHCARE	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BEALE	First Name CHRISTOPHER	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0398	Amount of Contribution
Residential Street Address 5 Dogwood La	City Wallingford	State CT	Zip Code 06492-2837	Date Received 03/17/2010	
Principal Occupation CFP	Name of Employer NEW ENGLAND CAPITAL FINANCIAL ADVISORS, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name OHR	First Name WILLIAM	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0399	Amount of Contribution
Residential Street Address 955 Church St	City Yalesville	State CT	Zip Code 06492-2070	Date Received 03/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name FIDERIO	First Name JOHN	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0400	Amount of Contribution
Residential Street Address 106 Alexander Dr	City Meriden	State CT	Zip Code 06450	Date Received 03/18/2010	
Principal Occupation OWNER	Name of Employer FIDERIO & SONS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FARRELL	First Name MARK	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0401	Amount of Contribution
Residential Street Address 18 Cooke Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/18/2010	
Principal Occupation FINANCE	Name of Employer FIRST AMERICAN CAPITAL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FARRELL	First Name LESLIE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0473	Amount of Contribution
Residential Street Address 18 Cooke Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/18/2010	
Principal Occupation ADMIN	Name of Employer ANTHEM BC/BS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name CRISCUOLO	First Name ROBERT	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0375	Amount of Contribution
Residential Street Address 98 Sunset Hill Rd	City Branford	State CT	Zip Code 06405	Date Received 03/18/2010	
Principal Occupation ENGINEER	Name of Employer CRISCUOLO ENGINEERING LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PACHECO	First Name WALTER	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0376	Amount of Contribution
Residential Street Address 17 Wadsworth La	City Wallingford	State CT	Zip Code 06492-2876	Date Received 03/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KKOVACS, JR	First Name JOHN	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0377	Amount of Contribution
Residential Street Address 40 Simpson Ave	City Wallingford	State CT	Zip Code 06492	Date Received 03/18/2010	
Principal Occupation	Name of Employer JOHN J KOVACS INS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MIRON	First Name JOHN	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0378	Amount of Contribution
Residential Street Address 2531 Ridge Rd	City North Haven	State CT	Zip Code 06473-1217	Date Received 03/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name FEDA	First Name VENERA	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0379	Amount of Contribution
Residential Street Address 6 Mulligan Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FEDA	First Name ANTHONY	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0380	Amount of Contribution
Residential Street Address 6 Mulligan Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name O'CONNOR	First Name RICHARD	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0383	Amount of Contribution
Residential Street Address 31 Concord La	City Wallingford	State CT	Zip Code 06492	Date Received 03/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ELLS	First Name KRISTINA	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0388	Amount of Contribution
Residential Street Address 255 Thimble Island Rd	City Branford	State CT	Zip Code 06405-5733	Date Received 03/18/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name HUGHES	First Name FRANCIS	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0389	Amount of Contribution
Residential Street Address 12 Currier Ct	City Cheshire	State CT	Zip Code 06410	Date Received 03/18/2010	
Principal Occupation ADVERTISING SALES	Name of Employer DIRECT ADVANTAGE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BARRIEAU	First Name ROBERT	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0390	Amount of Contribution
Residential Street Address 338 N Quaker La	City West Hartford	State CT	Zip Code 06119	Date Received 03/18/2010	
Principal Occupation PRESIDENT	Name of Employer BARRIEAU OIL CO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MALONE	First Name MARY	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0391	Amount of Contribution
Residential Street Address 38 Hamilton Dr	City Madison	State CT	Zip Code 06443-3137	Date Received 03/18/2010	
Principal Occupation VAN DRIVER	Name of Employer DURHAM BUS SERVICES FOR MADISON SCHOOLS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DEMAIDA	First Name ALLYN	MI N	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0381	Amount of Contribution
Residential Street Address 185 Pierpont Rd	City Waterbury	State CT	Zip Code 06705	Date Received 03/18/2010	
Principal Occupation EXECUTIVE ASSISTANT	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name DEMAIDA	First Name WILLIAM	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0382	Amount of Contribution
Residential Street Address 185 Pierpont Rd	City Waterbury	State CT	Zip Code 06705	Date Received 03/18/2010	
Principal Occupation COO	Name of Employer DELL AMUSEMENT INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ROMAN	First Name EDWARD	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0402	Amount of Contribution
Residential Street Address 7 Laurelwood Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/19/2010	
Principal Occupation OIL DEALER	Name of Employer ROMAN OIL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PINNETTE	First Name DOROTHY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0403	Amount of Contribution
Residential Street Address 114 William St	City Wallingford	State CT	Zip Code 06492	Date Received 03/20/2010	
Principal Occupation HAIRDRESSER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name LUCARELLI	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0442	Amount of Contribution
Residential Street Address 7 Glenmoor Dr	City East Haven	State CT	Zip Code 06512	Date Received 03/21/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name LAZAROFF	First Name ARNOLD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0443	Amount of Contribution
Residential Street Address 25 Mulligan Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/22/2010	
Principal Occupation JEWELER	Name of Employer ARNOLD'S JEWELERS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LAZAROFF	First Name MARY JANE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0444	Amount of Contribution
Residential Street Address 25 Mulligan Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PETRUCCI	First Name MARY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0420	Amount of Contribution
Residential Street Address 390 Saw Mill Rd	City Guilford	State CT	Zip Code 06437-1959	Date Received 03/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name RESSLER	First Name PETER	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0428	Amount of Contribution
Residential Street Address 1 Centerview Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 03/22/2010	
Principal Occupation ATTORNEY	Name of Employer GROOB, RESSLER & MULQUEEN	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name CELLA	First Name MAURIANN	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0423	Amount of Contribution
Residential Street Address 17 Mulligan Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/22/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MILICI	First Name JOHN	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0404	Amount of Contribution
Residential Street Address 510 Williams Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GEE	First Name RICHARD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0405	Amount of Contribution
Residential Street Address PO Box 4102	City Yalesville	State CT	Zip Code 06492	Date Received 03/22/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MARESCA	First Name FRANK	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0406	Amount of Contribution
Residential Street Address 100 Bradley Rd	City Woodbridge	State CT	Zip Code 06525-2327	Date Received 03/22/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name KIRWAN	First Name JOHN	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0407	Amount of Contribution
Residential Street Address 481 N Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/22/2010	
Principal Occupation CARPENTER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name KIRWAN	First Name AMY	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0408	Amount of Contribution
Residential Street Address 481 N Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/22/2010	
Principal Occupation ACCOUNTANT/OFFICE MANAGER	Name of Employer SASS KIRWAN ASSOC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DAGOSTINO	First Name JULIA	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0409	Amount of Contribution
Residential Street Address 26 New England Dr	City Wallingford	State CT	Zip Code 06492-5515	Date Received 03/22/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name RICO	First Name ANN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0464	Amount of Contribution
Residential Street Address 40 Pootatuck Path	City Stratford	State CT	Zip Code 06614	Date Received 03/22/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name MCGUIRE	First Name JOHN	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0410	Amount of Contribution
Residential Street Address 397 Leetes Island Rd	City Stony Creek	State CT	Zip Code 06405	Date Received 03/22/2010	
Principal Occupation INSURANCE	Name of Employer FERGUSON & MCGUIRE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DINATALE	First Name JOSEPH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0412	Amount of Contribution
Residential Street Address 8 Stoney Brook Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/23/2010	
Principal Occupation	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DINATALE	First Name CARMELINA	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0411	Amount of Contribution
Residential Street Address 8 Stoney Brook Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PETRUCCI	First Name NICHOLAS	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0419	Amount of Contribution
Residential Street Address 390 Saw Mill Rd	City Guilford	State CT	Zip Code 06437	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name STEELE	First Name JUDY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0499	Amount of Contribution
Residential Street Address 146 Ward St	City Wallingford	State CT	Zip Code 06492	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name OWENS	First Name RITA	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0413	Amount of Contribution
Residential Street Address 255 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/23/2010	
Principal Occupation	Name of Employer BOSTON COLLEGE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MARSHALL	First Name SOPHIE	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0414	Amount of Contribution
Residential Street Address 650 S Elm St	City Wallingford	State CT	Zip Code 06492-4802	Date Received 03/23/2010	
Principal Occupation BUS DRIVER	Name of Employer DURHAM SCHOOL SERVICES	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name HUTCHINSON	First Name CHRISTINE	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0424	Amount of Contribution
Residential Street Address 63 Elika Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/23/2010	
Principal Occupation SALES	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name RITTMAN	First Name DONALD	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0425	Amount of Contribution
Residential Street Address 660 Lincoln St	City New Britain	State CT	Zip Code 06052	Date Received 03/23/2010	
Principal Occupation INSURANCE	Name of Employer STONE INSURANCE AGENCIES	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GRIFFIN	First Name RICHARD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0426	Amount of Contribution
Residential Street Address 106 Collindale Dr	City Meriden	State CT	Zip Code 06450	Date Received 03/23/2010	
Principal Occupation GENERAL MANAGER	Name of Employer COMPONENT ENGINEERS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PARMELEE	First Name DAVID	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0429	Amount of Contribution
Residential Street Address 13 Southside Ct	City Wallingford	State CT	Zip Code 06492-5232	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FOSTER	First Name PETER	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0421	Amount of Contribution
Residential Street Address 10 Old Marlborough Rd	City East Hampton	State CT	Zip Code 06424	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name NELSON	First Name MARILYN	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0422	Amount of Contribution
Residential Street Address 49 Mountain Brook Rd	City North Haven	State CT	Zip Code 06473	Date Received 03/23/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SAPPERN	First Name PIETRINA RIZZO	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0433	Amount of Contribution
Residential Street Address 7 Melba St	City Milford	State CT	Zip Code 06460	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name THATCHER	First Name RUSSELL	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0434	Amount of Contribution
Residential Street Address 365 Forest St	City Hamden	State CT	Zip Code 06518	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name AUCLAIR	First Name JEROME	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0435	Amount of Contribution
Residential Street Address 64 E Grand Ave	City New Haven	State CT	Zip Code 06513	Date Received 03/23/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name PARISI	First Name JOAN IVES	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0430	Amount of Contribution
Residential Street Address 23 E Main St	City Wallingford	State CT	Zip Code 06492-3941	Date Received 03/24/2010	
Principal Occupation ASSOC. FISCAL ADMIN OFFICER	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BENNETT	First Name KAREN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0427	Amount of Contribution
Residential Street Address 106 Collindale Dr	City Meriden	State CT	Zip Code 06450	Date Received 03/24/2010	
Principal Occupation	Name of Employer TIMEX GROUP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MISCHLER	First Name DEBORAH	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0453	Amount of Contribution
Residential Street Address 604 Williams Rd	City Wallingford	State CT	Zip Code 06492-2632	Date Received 03/24/2010	
Principal Occupation PARALEGAL	Name of Employer DENNIS A CENEVIVA, ESQ/	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MCDONOUGH	First Name ERIN	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0454	Amount of Contribution
Residential Street Address 604 Williams Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010	
Principal Occupation STUDENT	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name AXTMAYER	First Name ALFREDO	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0439	Amount of Contribution
Residential Street Address 4 Old Gate Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/25/2010	
Principal Occupation MD	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name AXTMAYER	First Name PATRICIA	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0440	Amount of Contribution
Residential Street Address 4 Old Gate Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/25/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CAMP	First Name WALTER	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0441	Amount of Contribution
Residential Street Address 140 Preston Dr	City Meriden	State CT	Zip Code 06450	Date Received 03/25/2010	
Principal Occupation VP	Name of Employer WELDING WORKS, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PLOURDE	First Name DENISE	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0456	Amount of Contribution
Residential Street Address 7 Rosemont Dr	City Plainville	State CT	Zip Code 06062	Date Received 03/25/2010	
Principal Occupation FINANCIAL	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name DEPREY	First Name BRYAN	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0457	Amount of Contribution
Residential Street Address 20 Bel Air Dr	City Bristol	State CT	Zip Code 06010	Date Received 03/25/2010	
Principal Occupation OFFICE ASSISTANT	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WILLIAMS	First Name JAMES	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0436	Amount of Contribution
Residential Street Address 19 Cliffside Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/25/2010	
Principal Occupation ATTORNEY	Name of Employer WILLIAMS, NASH, O'CONNOR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WILLIAMS	First Name MARY	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0437	Amount of Contribution
Residential Street Address 19 Cliffside Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/25/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BECKER	First Name RICHARD	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0445	Amount of Contribution
Residential Street Address 67 New Rd	City Madison	State CT	Zip Code 06443	Date Received 03/25/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name HUELSMAN	First Name ROBERT	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0448	Amount of Contribution
Residential Street Address PO Box 1817	City Wallingford	State CT	Zip Code 06492	Date Received 03/25/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name AHERN	First Name DOROTHY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0415	Amount of Contribution
Residential Street Address 55 Evansville Ave	City South Meriden	State CT	Zip Code 06451	Date Received 03/25/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name CORREIA	First Name ERNEST	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0416	Amount of Contribution
Residential Street Address 11 Weatherside Dr	City Wallingford	State CT	Zip Code 06492-5620	Date Received 03/25/2010	
Principal Occupation STATE POLICE DETECTIVE	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CORREIA	First Name PATRICIA	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0417	Amount of Contribution
Residential Street Address 11 Weatherside Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/25/2010	
Principal Occupation LEGAL SECRETARY	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name RINGUETTE	First Name RICHARD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0418	Amount of Contribution
Residential Street Address 700 Governors Hwy	City South Windsor	State CT	Zip Code 06074	Date Received 03/25/2010	
Principal Occupation DRYWALL	Name of Employer PRUNO DRYWALL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GENEROSO	First Name DAVID	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0438	Amount of Contribution
Residential Street Address 3 Leonardo Dr	City North Haven	State CT	Zip Code 06473	Date Received 03/26/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name COLFORD	First Name JENNIFER	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0458	Amount of Contribution
Residential Street Address 40 First St	City Fairfield	State CT	Zip Code 06825	Date Received 03/26/2010	
Principal Occupation MARKETING	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DOW	First Name JAMES	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0452	Amount of Contribution
Residential Street Address 23 Sarah's Pl	City Wallingford	State CT	Zip Code 06492	Date Received 03/27/2010	
Principal Occupation DENTIST	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name CURRAN	First Name THOMAS	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0462	Amount of Contribution
Residential Street Address 179 N Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/28/2010	
Principal Occupation DEPUTY POLICE CHIEF	Name of Employer TOWN OF WALLINGFORD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name SABIA	First Name BRIAN	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0476	Amount of Contribution
Residential Street Address 7 Fairlawn Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/28/2010	
Principal Occupation UNDERWRITER	Name of Employer PARTNER REINSURANCE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HANNAN	First Name BRIAN	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0488	Amount of Contribution
Residential Street Address 57 Dunbar La	City Hamden	State CT	Zip Code 06514	Date Received 03/28/2010	
Principal Occupation	Name of Employer Covidien	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name HARWOOD	First Name JEANNE	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0503	Amount of Contribution
Residential Street Address 14 Taylor La	City Wallingford	State CT	Zip Code 06492	Date Received 03/28/2010	
Principal Occupation TEACHER	Name of Employer TOWN OF HAMDEN BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name ALDRICH	First Name DIANE	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0498	Amount of Contribution
Residential Street Address 198 Metacomet Dr	City Meriden	State CT	Zip Code 06450-3563	Date Received 03/28/2010	
Principal Occupation HOUSEWIFE	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SAAS	First Name WILLIAM	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0446	Amount of Contribution
Residential Street Address 23 Concord La	City Wallingford	State CT	Zip Code 06492-4901	Date Received 03/28/2010	
Principal Occupation CPA	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SAAS	First Name ANNA	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0447	Amount of Contribution
Residential Street Address 23 Concord Ln	City Wallingford	State CT	Zip Code 06492	Date Received 03/28/2010	
Principal Occupation ADMINISTRATIVE ASSISTANT	Name of Employer SAAS, KIRWAN ASSOC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ALFORD	First Name MARY	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0468	Amount of Contribution
Residential Street Address 214 West St	City Bristol	State CT	Zip Code	Date Received 03/29/2010	
Principal Occupation OFFICE MANAGER	Name of Employer PELLETIER MECHANICAL SERVICES	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name SAUNDERS	First Name DIANNE	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0475	Amount of Contribution
Residential Street Address 72 Northford Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation CPA	Name of Employer R J CARABETTA & CO, PC, CPA'S	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GROCHOWSKI	First Name KURT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0471	Amount of Contribution
Residential Street Address 7 Taylor La	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation ENGINEER	Name of Employer ADS TECHNOLOGY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GROCHOWSKI	First Name CHRISTINE	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0472	Amount of Contribution
Residential Street Address 7 Taylor La	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation ATTORNEY	Name of Employer FARRELL, LESLIE & GROCHOWSKI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name TAYLOR	First Name TIMOTHY	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0500	Amount of Contribution
Residential Street Address 64 Long Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation MECHANICAL CONTRACTOR	Name of Employer THE BUCKINGHAM ROUTH CO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name HOLMES	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0477	Amount of Contribution
Residential Street Address 200 Lenell Rd # 116	City Fort Myers Beach	State FL	Zip Code 33931	Date Received 03/29/2010	
Principal Occupation REALTOR	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name CORRIGAN	First Name THOMAS	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0479	Amount of Contribution
Residential Street Address 6 Mountain View Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation ENGINEER	Name of Employer EAO SWITCH CORP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00	\$15.00
Last Name CORRIGAN	First Name ROBIN	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0480	Amount of Contribution
Residential Street Address 6 Mountain View Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation ACCOUNTANT/OFFICE MGR	Name of Employer CHAPEL CONSTRUCTION	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00	\$15.00
Last Name SPECIALE	First Name ORESTE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0484	Amount of Contribution
Residential Street Address 169 Olive St	City New Haven	State CT	Zip Code 06511	Date Received 03/29/2010	
Principal Occupation PRESIDENT	Name of Employer OESSE FOODS, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name THOMPSON	First Name SAMUEL	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0463	Amount of Contribution
Residential Street Address 55 Laurel Dr	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name LETOURNEAU	First Name BARBARA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0465	Amount of Contribution
Residential Street Address 3 Regent Ct	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation CLERK	Name of Employer TOWN OF WALLINGFORD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LETOURNEAU	First Name JOHN	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0467	Amount of Contribution
Residential Street Address 3 Regent Ct	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation STORE OWNER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LUCIBELLO	First Name RICHARD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0469	Amount of Contribution
Residential Street Address 7 Bruce La	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation INSURANCE	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GERSKY	First Name SARAH	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0459	Amount of Contribution
Residential Street Address 15 Park Rd	City Woodbury	State CT	Zip Code 06798-3430	Date Received 03/29/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GERSKY	First Name PETER	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0460	Amount of Contribution
Residential Street Address 15 Park Rd	City Woodbury	State CT	Zip Code 06798-3430	Date Received 03/29/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SCHAEFFER	First Name GAIL	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0461	Amount of Contribution
Residential Street Address 14 Valley View Dr	City Wallingford	State CT	Zip Code 06492-1920	Date Received 03/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name ROSEN	First Name JOHN	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0478	Amount of Contribution
Residential Street Address 56 Edgehill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/29/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name D'AGOSTINO	First Name ANGELO	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0502	Amount of Contribution
Residential Street Address 32 Tulip Tree Cir	City Prospect	State CT	Zip Code 06712	Date Received 03/30/2010	
Principal Occupation DIRECTOR OF SALES	Name of Employer GUS SCLATSAM CORP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name ROBERTS	First Name LINDA	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0470	Amount of Contribution
Residential Street Address 166 Box Mountain Dr	City Vernon	State CT	Zip Code 06066	Date Received 03/30/2010	
Principal Occupation EXECUTIVE	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BIRNEY	First Name KATHERINE	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0485	Amount of Contribution
Residential Street Address 153 E Main St	City Wallingford	State CT	Zip Code 06492-3945	Date Received 03/30/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name FISHBEIN	First Name JOHN	MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0483	Amount of Contribution
Residential Street Address 23 Pine Glen Ter	City Wallingford	State CT	Zip Code 06492	Date Received 03/30/2010	
Principal Occupation INSURANCE	Name of Employer J J FISHBEIN, INC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name DEANGELIS	First Name ROSEMARY	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0501	Amount of Contribution
Residential Street Address 29 Sachem Rd	City Wallingford	State CT	Zip Code 06492-2815	Date Received 03/30/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name DEFELICE	First Name FRANK	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0474	Amount of Contribution
Residential Street Address 32 Cherry La	City Durham	State CT	Zip Code 06422	Date Received 03/30/2010	
Principal Occupation ELECTRICAL ENGINEER	Name of Employer CYTEC INDUSTRIES, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SMITH	First Name DAVID	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0481	Amount of Contribution
Residential Street Address 261 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/30/2010	
Principal Occupation PRESIDENT	Name of Employer CCCG	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SMITH	First Name JANE	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0482	Amount of Contribution
Residential Street Address 261 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/30/2010	
Principal Occupation	Name of Employer CCCG	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name GUSTAFSON	First Name ELIS	MI V	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0449	Amount of Contribution
Residential Street Address 70 E Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name GUSTAFSON	First Name NANCY	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0450	Amount of Contribution
Residential Street Address 70 E Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name MACDONALD	First Name DAVID	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0451	Amount of Contribution
Residential Street Address 390 Main St	City Yalesville	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation FUNERAL DIRECTOR	Name of Employer T.E. FITZGERALD FUNERAL HOME	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name THOMA	First Name ELAINE	MI Z	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0486	Amount of Contribution
Residential Street Address 15 Hayledge Ct	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation MUSIC TEACHER & PERFORMER	Name of Employer NEIGHBORHOOD MUSIC SCHOOL	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name THOMA	First Name THOMAS	MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0487	Amount of Contribution
Residential Street Address 15 Hayledge Ct	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name WILSON	First Name MARILYN	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0489	Amount of Contribution
Residential Street Address 13 Penny La	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation TEACHER	Name of Employer NEW HAVEN BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LESLIE	First Name ANN	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0490	Amount of Contribution
Residential Street Address 5 Taylor La	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation ATTORNEY	Name of Employer FARRELL, LESLIE & GROCHOWSKI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ELIA, JR	First Name ANTHONY	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0491	Amount of Contribution
Residential Street Address 47 Lancelot Dr	City North Haven	State CT	Zip Code 06473	Date Received 03/31/2010	
Principal Occupation ATTORNEY	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name BERGERON	First Name ROY	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0493	Amount of Contribution
Residential Street Address 974 Old Durham Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation RETIRED	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name TOOMEY	First Name BRENDAN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0494	Amount of Contribution
Residential Street Address 53 Jobs Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/31/2010	
Principal Occupation FINANCIAL MANAGER	Name of Employer SELF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GOUIN	First Name PAUL	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0495	Amount of Contribution
Residential Street Address 46R Stephen Woods La	City Durham	State CT	Zip Code 06422	Date Received 03/31/2010	
Principal Occupation ATTORNEY	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name SCHULMAN	First Name STEVEN	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0496	Amount of Contribution
Residential Street Address 285 Fence Row Dr	City Fairfield	State CT	Zip Code 06824	Date Received 03/31/2010	
Principal Occupation PRESIDENT	Name of Employer MAFCOTE INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name UNGUREANU	First Name MADLENA	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0497	Amount of Contribution
Residential Street Address 285 Fence Row Dr	City Fairfield	State CT	Zip Code 06824	Date Received 03/31/2010	
Principal Occupation BUSINESS EXECUTIVE	Name of Employer MAFCOTE INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name WARD	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0492	Amount of Contribution
Residential Street Address 813 Totoket Rd	City Northford	State CT	Zip Code 06472	Date Received 03/31/2010	
Principal Occupation COMMISSIONER	Name of Employer STATE OF CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name D'AGOSTINO	First Name SUSAN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0504	Amount of Contribution
Residential Street Address 32 Tulip Tree Cir	City Prospect	State CT	Zip Code 06712	Date Received 03/31/2010	
Principal Occupation HOMEMAKER	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
<b>Total of Section B</b>					<b>\$40,575.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					<b>\$40,575.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE						FILING DUE DATE		
Farrell For CT						Original 04/12/2010		
<b>C1. Contributions from Other Committees</b>								
Name of Committee				Name of Treasurer				
Address			Is this contribution associated with a fundraising event listed in Section J1?			Yes No	If yes, list Event #	Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions			
<b>Total of Section C1</b>								

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Farrell For CT				Original 04/12/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**D. Loans Received this Period**

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes	
Name of Cosigner/Guarantor				Candidate	No	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				Date Received		

**Total of Section D**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**E. Personal Funds of the Candidate Received this Period**

Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card

**Total of Section E**

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Farrell For CT					Original 04/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE	FILING DUE DATE			
Farrell For CT	Original 04/12/2010			
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution	Date Received	Total Amount Received		
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			FILING DUE DATE	
Farrell For CT			Original 04/12/2010	
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>				
Purpose of Grant: Initial Primary                      General or Special Election	Supplemental/Independent Expenditure Primary                      General or Special Election		Date Received	Amount
	Supplemental/Post Election Deficit General or Special Election			
<b>Total of Section H</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>					
NAME OF COMMITTEE				FILING DUE DATE	
Farrell For CT				Original 04/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE Farrell For CT	FILING DUE DATE Original 04/12/2010
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**J1. Fundraising Event Information**

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		Yes	No		
Was this fundraiser a tag sale, auction, or other sale of donated items?		Yes	No		

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

**Total of Section J2**

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

<b>Total of Section J3</b>	
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**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**K. In-Kind Contributions**

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

**Total of Section K**

**III. Non Monetary Receipts**

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

**L. Refundable Deposit to Telephone Company**

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				

**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE				FILING DUE DATE	
Farrell For CT				Original 04/12/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure		
			A	B	C
			D	E	
<b>Total of Section M</b>					

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Peter Billard	02/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 160 Oak St	City Glastonbury	State CT		Zip Code 06033
Purpose of Expenditure A-OTH		1002		<input type="checkbox"/> Debit Card
Description photos		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$371.00	
Shirt Graphix	02/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 198 Center St	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure A-OTH		1007		<input type="checkbox"/> Debit Card
Description T shirts		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$808.00	
Wallingford Flower	02/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 190 Center St	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure FOOD		1003		<input type="checkbox"/> Debit Card
Description flowers, food		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$1,097.10	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Farrell For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Lifetiled LLC					02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1004</u>	
PO Box 4242		Wallingford	CT	06492	EFV *	<input type="checkbox"/> Debit Card	
Description						Event #	
sound equipment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Patton Entertainment					02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1005</u>	
73 Bellewoods Dr .		Glastonbury	CT	06033	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$2,500.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Patton Entertainment					02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1006</u>	
73 Bellewoods Dr .		Glastonbury	CT	06033	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$1,950.00							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
J Russo Productions	02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address 255 Skinner Ln	City Hebron	State CT	Zip Code 06248
Purpose of Expenditure A-OTH		1008 <input type="checkbox"/> Debit Card	
Description half day shoot-announcement		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$350.00
Name of Payee Marketing Graphics	Date of Payment 02/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 445 Colony St	City Meriden	State CT	Zip Code 06451
Purpose of Expenditure A-OTH		1009 <input type="checkbox"/> Debit Card	
Description color poster		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$79.50
Name of Payee spectrum merchant services	Date of Payment 02/18/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 3 Hutton Dr .	City Santa Ana	State CA	Zip Code 92707
Purpose of Expenditure EFV *		withdrawal <input type="checkbox"/> Debit Card	
Description fee for credit card machine		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$350.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Farrell For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
TD BankNorth					03/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>bank fee</u>	
Main Street		Wallingford	CT	06492	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
bank fee-bounced check-Frank Pascale							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Campaign CT LLC					03/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1010</u>	
PO Box 24		Northford	CT	06472	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Campaign CT LLC					03/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1013</u>	
PO Box 24		Northford	CT	06472	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,931.25	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Donald Crouch	03/23/2010	<input checked="" type="checkbox"/> Check #		
Street Address 28 Williams St	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure WEB		<u>1015</u>		<input type="checkbox"/> Debit Card
Description web services		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$24.95
Donald Crouch	03/23/2010	<input checked="" type="checkbox"/> Check #		
Street Address 28 Williams St	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure WEB		<u>1016</u>		<input type="checkbox"/> Debit Card
Description web services		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$21.74
Campaign CT LLC	03/26/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 24	City Northford	State CT		Zip Code 06472
Purpose of Expenditure CNSLT		<u>1017</u>		<input type="checkbox"/> Debit Card
Description consultant		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$1,986.98

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Farrell For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Ray Ross					03/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1018</u>	
88 Franklin St		Wallingford	CT	06492	RCW	<input type="checkbox"/> Debit Card	
Description					Event #		
reimbursement for supplies at Staples							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$61.48
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rosa's Deli					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1019</u>	
N. Colony Rd.		Wallingford	CT	06492	FOOD	<input type="checkbox"/> Debit Card	
Description					Event #		
food							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$103.35
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Total of Section N</b>						<b>\$14,800.35</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Farrell For CT						Original 04/12/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee Staples					Date of Payment 01/18/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Street Address 850 N Main Street Ext			City Wallingford		State CT	Zip Code 06492		
Purpose of Expenditure OFFICE	Description invitations for announcement				Event #			\$123.80
Name of Payee Staples					Date of Payment 01/18/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Street Address 850 N Main Street Ext			City Wallingford		State CT	Zip Code 06492		
Purpose of Expenditure OFFICE	Description labels and glue sticks for announcement invitations				Event #			\$32.83
Name of Payee USPS					Date of Payment 01/18/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Street Address 101 Weston St			City Hartford		State CT	Zip Code 06101		
Purpose of Expenditure POST	Description postage				Event #			\$572.00
Name of Payee Staples					Date of Payment 01/18/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Street Address 850 N Main Street Ext			City Wallingford		State CT	Zip Code 06492		
Purpose of Expenditure PRNT	Description copies				Event #			\$130.91

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

#### O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Peter Bellard	01/18/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$371.00	
Street Address 160 Oak St	City Glastonbury	State CT		Zip Code 06033
Purpose of Expenditure A-OTH	Description photos			Event #
Staples	01/24/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$380.86	
Street Address 850 N Main Street Ext	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure OFFICE	Description envelopes			Event #
Staples	01/25/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$603.88	
Street Address 850 N Main Street Ext	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure PRNT	Description copies			Event #
USPS	01/26/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$880.00	
Street Address 101 Weston St	City Hartford	State CT		Zip Code 06101
Purpose of Expenditure POST	Description postage			Event #

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

#### O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
USPS	01/26/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$880.00	
Street Address N. Main Street	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure POST	Description postage			Event #
Office Depot	01/27/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$13.21	
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109
Purpose of Expenditure OFFICE	Description office supplies			Event #
Biz Whiz	02/04/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$19.97	
Street Address 781 Cromwell Ave	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure OFFICE	Description office supplies			Event #
Staples	02/08/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$146.92	
Street Address 850 N Main Street Ext .	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure PRNT	Description copies			Event #

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	Original 04/12/2010

#### O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Staples	02/08/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$146.92	
Street Address 850 N Main Street Ext	City Wallingford	State CT		Zip Code
Purpose of Expenditure PRNT	Description copies			Event #
Staples	02/22/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$217.09	
Street Address 850 N Main Street Ext	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure PRNT	Description copies			Event #
Staples	03/10/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$98.58	
Street Address 850 N Main Street Ext .	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure PRNT	Description copies			Event #
USPS	03/15/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$176.00	
Street Address Main Street	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure POST	Description postage			Event #
<b>Total of Section O</b>			<b>\$4,793.97</b>	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Farrell For CT					Original 04/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American  Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description			Event #		
<b>Total of Section P</b>						

### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Farrell For CT						Original 04/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>								
Name of Creditor Adamos Garage				Date Incurred 03/31/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address Center Street			City Wallingford			State CT	Zip Code 06492	
Purpose of Expenditure OVHD	Description gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought				\$658.59
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No						
<b>Total of Section Q</b>							<b>\$658.59</b>	

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Farrell For CT					Original 04/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment	Amount
				Check #	
Secondary Payee			Purpose of Expenditure		Debit Card
Street Address		City		State	Zip Code
Description				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
Yes					
No					
<b>Total of Section R</b>					

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Farrell For CT				Original 04/12/2010
<b>S. Surplus Distribution of Equipment and Furniture</b>				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
<b>Total of Section S</b>				